

DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
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OPNAVINST 5350.4A
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27 August 1987

OPNAV INSTRUCTION 5350.4A

From: Chief of Naval Operations

To: All Ships and Stations (Less Marine Corps field addressees not having Navy personnel attached)

Subj: ALCOHOL AND DRUG ABUSE
PREVENTION AND CONTROL

Ref: (a) SECNAVINST 5300.28A
(b) OPNAVINST 11200.5B (NOTAL)
(c) CPI 792 (NOTAL)
(d) CPI 752 (NOTAL)
(e) CPI 432 (NOTAL)
(f) SECNAVINST 3820.2D
(g) Enlisted Transfer Manual
(NAVPERS 15909C)
(h) OPNAVINST 5040.7J
(i) SECNAVINST 5520.3

Encl: (1) Definitions
(2) Program Organization Structure
(3) Detection and Deterrence
(4) Urinalysis Policy and Related Procedures
(5) Voluntary Self-referral for Drug Abuse Rehabilitation
(6) Prevention, Rehabilitation, and Post Identification Programs
(7) Disposition of Drug and Alcohol Abusers
(8) Threat Assessment and Program Evaluation and Analysis
(9) Preservice Use of Drugs and Alcohol
(10) Confidentiality
(11) Education
(12) Training
(13) Reports

1. Purpose. This instruction provides comprehensive drug and alcohol policy guidance for a unified Navy Alcohol and Drug Abuse Program (NADAP). Enclosures (1) through (13) present procedural guidance, assign responsibilities, and provide guidelines for coordinating the policies set forth in reference (a) and other directives referenced therein. Policy and procedures for civilian employees are issued in references (a) through (f). This instruction is a major revision. Symbols to

denote deleted, revised, or added paragraphs are not reflected.

2. Cancellation. OPNAVINST 5350.4.

3. Background. Drug and alcohol abuse is costly in terms of time lost and is a severe detriment to morale and esprit de corps. It undermines the very fiber of combat readiness, health, safety, discipline, judgment, and loyalty. The abuser as well as the abuser's shipmates and family, suffers. "Zero Tolerance" recognizes that drug and alcohol abuse is incompatible with the maintenance of high standards of performance, military discipline, and readiness, and is destructive of Navy efforts to instill pride, promote professionalism, and enhance personal excellence.

4. Applicability. The provisions of this instruction apply to all active duty and naval reserve personnel.

5. Concept. The major element underlying the Navy's approach to its drug and alcohol abuse problem is enhanced detection and deterrence at all levels. This approach emphasizes the firm, constructive use of discipline, preventive education, the rehabilitation of members who are responsive and who reject further abuse, and the expeditious processing for separation of those abusing members clearly possessing little or no potential for future useful service. Treatment-oriented intervention is structured into a comprehensive, three-level program to maximize the effective use of resources. Regional oversight of the NADAP is accomplished through the establishment of regional and local councils which perform a major role in program assessment and evaluation.

6. Policy

a. Overview. There is "Zero Tolerance" of drug and alcohol abuse. The abuse of alcohol and drugs by Navy members can seriously damage physical and mental health, may jeopardize their safety and the safety of others, and can lead to criminal prosecution and discharge under less than honorable conditions. Further-

more, drug and alcohol abuse is inconsistent with Navy initiatives to promote personal excellence among its members.

(1) The judgment of commanders, commanding officers, and officers-in-charge is paramount in enforcing Navy drug and alcohol abuse policy and ensuring proper disposition of individual cases. They must analyze all available evidence to determine whether drug or alcohol abuse exists, and must respond to unacceptable behavior or performance with appropriate corrective actions. Uniform enforcement of existing rules and regulations and the policies specified in this instruction by officers, petty officers, and civilian supervisors is vital to the success of this program.

(2) Commanding officers must be particularly alert to those few individuals who might attempt to "manipulate the system" by falsely admitting to or intentionally committing acts of drug/alcohol abuse in order to avoid specific duties or deployments. Those individuals shall be evaluated, counseled, disciplined (as appropriate), and/or separated (as appropriate). When retained, they shall be kept onboard in duties for which they are qualified or ordered to other units, in the same force if feasible, with assigned duties and deployments commensurate with those they were attempting to avoid.

(3) Officers and chief petty officers, by virtue of their rank and position, must lead by example. Any drug abuse or irresponsible use of alcohol by these personnel is viewed as a grievous failure to meet Navy standards.

(4) The objective of the NADAP is to prevent drug and alcohol abuse and to return eligible former drug and alcohol abusers to full duty status as soon as possible. When members respond to drug or alcohol abuse counseling, rehabilitation, and/or discipline, and are fully qualified for duty, they should be used in their primary rating specialty unless prohibited by this or other directives.

(5) Personnel assigned to the Personnel Reliability Program (PRP), Submarine, and other special programs occupy positions of critical importance to their units and to the security of the nation. Recognizing the investment the Navy has in these individuals, it is imperative

that as many as is prudently possible are returned to their special program. Disqualify members assigned to PRP, Submarine, and other special programs when they are identified as drug abusers or alcohol dependent. They are eligible for transfer back to their special program when they have shown exceptional potential for productive, reliable future service and meet the established specific criteria of that program and/or specialty. Program managers will issue specific instructions concerning criteria and procedures for reentry of such personnel into their respective programs. The decision regarding eligibility of a member to return to full duty in a special program shall be made by the program manager upon the recommendation of the member's commanding officer after discipline (if appropriate), upon satisfactory response to counseling and/or rehabilitation (if required), and after completion of at least 180 days of a one-year aftercare program. Adhere to the guidelines of BUPERSINST 5510.11D, including the requirement for continuous superior performance over a period of time in cases requiring recertification in the PRP. Assign eligible members back to a special program billet as soon as possible and per Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) assignment policies and the needs of the Navy.

(6) Permanently disqualify Nuclear Power Program personnel who are identified as drug abusers. Return eligible members to full duty per appendix D to enclosure (7). Process alcohol dependent Nuclear Power personnel as prescribed for other special programs in appendix D to enclosure (7).

(7) Drug and alcohol abuse cases must receive prompt evaluation and disposition. See enclosure (7).

(a) Alcoholism is a treatable disease for rehabilitation purposes, although not compensable for disability purposes. Alcohol rehabilitation is reserved for those with bona fide alcohol abuse problems amenable to treatment, who show exceptional potential for further useful service, and who reject further alcohol abuse. Commands will refer eligible members to the lowest level of rehabilitation/education com-

mensurate with the severity of the member's problem. Discipline as appropriate and process for separation repeat offenders and those who do not respond favorably to counseling, education, or rehabilitation.

(b) Discipline as appropriate and provide counseling and/or education programs to enlisted members identified as nondependent drug abusers. Process for separation members who incur a second drug abuse incident.

(c) Discipline as appropriate and process for separation officers, chief petty officers, and first class petty officers identified as drug abusers.

(d) Retention and in-service eligibility for enlisted personnel diagnosed as drug dependent is extremely limited. See enclosure (7) for specific criteria.

(8) When an individual is diagnosed as drug or alcohol dependent and is not retained, offer the eligible member referral to the Veteran's Administration for further treatment per reference (g).

7. Responsibilities

a. Deputy Chief of Naval Operations (Manpower, Personnel and Training) (OP-01), the program sponsor, is responsible for policy aspects of the Navy Alcohol and Drug Abuse Program including OPNAV staff interfaces with the Department of Defense and other agencies.

b. Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) (NMPC-00), is designated as program manager, responsible for implementing the Navy Alcohol and Drug Abuse Program. COMNAVMILPERSCOM shall:

(1) Coordinate with the Commander, Naval Medical Command (COMNAVMEDCOM) to provide staffing for residential alcohol rehabilitation at Naval hospitals. Provide staffing and operational quality control at line operated alcohol rehabilitation centers. Publish and maintain jointly with COMNAVMEDCOM, the Navy Drug and Alcohol Treatment Manual (for residential facilities) (NAVPERS 15561).

(2) Maintain the Alcohol and Drug Abuse Management Information and Tracking System (ADMITS), which provides for effective

client tracking and generates the management information system reports required by higher authority.

(3) Exercise command over Naval Alcohol Rehabilitation Centers (NAVALREHCENS). Ensure through annual inspections that quality assurance standards are met as directed by Navy Drug and Alcohol Treatment Manual (for residential facilities) and that the NAVALREHCENS have as an objective, compliance with nationally recognized accreditation standards for alcohol and drug abuse facilities.

(4) Provide personnel to Naval Inspector General inspection teams for second echelon command inspections to help evaluate the claimant's compliance with NADAP policy, access the status of NADAP implementation within the headquarters command and the claimancy, and review resource assignment to ensure appropriate use.

(5) Provide personnel, as required, to second echelon or second echelon designated Program Standardization and Quality Assurance teams. Teams shall be augmented by COMNAVMILPERSCOM (NMPC-63) personnel as required to ensure total program standardization and to provide feedback for policy enforcement purposes.

(6) Publish the Counseling and Assistance Center (CAAC) Manual (NAVPERS 15514A) to ensure Navy-wide uniformity and standard CAAC operation.

(7) Exercise resource sponsorship over the Navy Alcohol and Drug Safety Action Program (NADSAP), including management of the Navy-wide NADSAP support contract.

(8) Develop, establish, and maintain all Navy training and education requirements and objectives concerning drug and alcohol abuse with assistance from Chief of Naval Education and Training (CNET).

(9) Establish Navy urinalysis testing requirements and ensure annual quality assurance inspections of the Navy Drug Screening Laboratories (NDSLs) are conducted by civilian experts, legal, and medical personnel.

c. The Commander, Naval Medical Command (COMNAVMEDCOM) is responsible for developing, implementing, and monitoring the

medical aspects of NADAP. COMNAVMEDECOM shall:

(1) Provide detoxification, medical evaluation, and rehabilitation at Alcohol Rehabilitation Departments (ARDs) for drug and alcohol dependent personnel and arrange aeromedical evacuation of members in a patient status.

(2) Ensure that health care providers working in direct care, managerial, or supervisory roles over drug and alcohol abuse personnel have additional training in chemical dependency.

(3) Sponsor, implement, and maintain a training program for Navy medical department personnel and other professionals to enhance their capacity to recognize, diagnose, counsel, and otherwise treat drug and alcohol abusers.

(4) Encourage medical department personnel to support and participate in local command drug and alcohol abuse programs.

(5) Provide medical guidance in the development of alcohol and drug training and education curricula for all naval personnel. Cooperate with COMNAVMIIPERSCOM in the publication of NAVPERS 15561.

(6) Provide a representative to the Department of Defense Biochemical Testing Advisory Committee.

(7) Support other second echelon commanders through assignment of a medical staff member to Program Standardization and Quality Assurance teams, particularly in connection with inspections of NAVALREHCENs and CAACs.

(8) Meet quality assurance standards as directed by NAVPERS 15561. Ensure that ARDs comply with the Joint Commission on Accreditation of Hospitals (JCAH) standards for alcohol and drug abuse facilities.

(9) Establish, operate, and maintain Navy Drug Screening Laboratories (NDSLs) for urinalysis and other biochemical testing in support of service requirements.

(10) Issue a Standard Operating Procedures manual for the NDSLs.

(11) Conduct quarterly quality assurance inspections of the NDSLs.

d. Chief of Naval Education and Training (CNET) shall:

(1) Provide enlisted recruit, "A" school, and apprentice school education programs in drug and alcohol abuse.

(2) Provide drug and alcohol abuse training to all officer candidates, midshipmen (except U. S. Naval Academy midshipmen), and officers in prefleet assignment or entry programs.

(3) Include drug and alcohol abuse curricula in General Military Training (GMT) and Leadership and Management Education and Training Program (LMET).

(4) Administer the drug abuse urinalysis program at Navy accession points.

(5) Train Drug and Alcohol Program Advisors (DAPAs).

e. Chief of Information (CHINFO) shall provide overall public affairs policy guidance and, using materials provided by COMNAVMIIPERSCOM, disseminate drug/alcohol abuse information to internal and external audiences and respond to media queries concerning drug/alcohol abuse programs.

f. Chief of Chaplains (CHC) shall:

(1) Provide overall advice, instructions, guidance, and assistance regarding the Chaplaincy's involvement in support of the NADAP.

(2) Provide chaplains to designated billets at drug and alcohol abuse program field activities.

(3) Implement training programs for Chaplain Corps personnel to enhance their knowledge of drug and alcohol abuse, and to counsel Navy members and dependents with regard to drug and alcohol abuse.

g. The Naval Inspector General (NAVINSGEN) is responsible for the Naval Command Inspection Program (reference (h)). In this capacity, the NAVINSGEN shall:

(1) Review second echelon drug and alcohol abuse prevention and control program to ensure program implementation, policy compliance, and appropriate use of assigned resources throughout the claimancy. COMNAVMIIPERSCOM (NMPC-6) personnel shall augment

NAVINGEN inspection teams to assist in this requirement as appropriate.

h. Judge Advocate General of the Navy (JAG) shall provide:

(1) Overall advice, instructions, guidance, and assistance regarding the legal aspects of the NADAP.

(2) Drug and alcohol abuse policy and procedural guidance to Navy judge advocates.

(3) Reports as required.

i. Naval Security and Investigative Command (NSIC) is the lead agency in law enforcement, criminal investigation, and counterintelligence matters. Commander, NSIC, is also designated Assistant for Naval Investigative Matters and Security (OP-09N) and is responsible for managing the Navy's law enforcement and physical security programs and employment of the Navy Military Working Dog Program. OP-09N shall:

(1) Coordinate the implementation of NSIC responsibilities with COMNAVMIL-PERSCOM as they interface with the NADAP.

(2) Develop policies and provide assistance to commands in implementing and maintaining Driving Under the Influence/Driving While Intoxicated (DUI/DWI) countermeasure programs.

j. Commander Navy Recruiting Command (COMNAVCRUITCOM) shall:

(1) Provide detailed procedural guidance to identify and screen out drug and alcohol abusers and drug traffickers seeking enlistment into the Navy (enclosure (9)).

(2) Provide detailed recruiting procedures for accepting individuals into the Navy who present indications of pre-entry drug and alcohol abuse but who show exceptional potential for creditable naval service.

k. Commander, Naval Safety Center (COMNAVSAFECEN) shall interface and exchange data, for the purpose of program evaluation and assessment, with COMNAVMIL-PERSCOM (NMPC-63), concerning accidental deaths, injuries, and other mishaps in which alcohol and/or drugs are a contributing factor.

l. Second Echelon Commanders shall ensure that:

(1) NADAP administrative procedures and counseling and education programs are implemented and maintained.

(2) Program assessment reports are submitted as required by enclosure (13).

(3) Subordinate commands actively support local NADAP initiatives, including alcohol deglamorization, and implement DUI/DWI and other drug and alcohol abuse countermeasures consistent with the threat environment.

(4) Criminal incidents involving drug and alcohol abuse that require investigative assistance are referred to the NSIC or appropriate law enforcement agencies in compliance with reference (i).

(5) All subordinate activities comply with the provisions of references (a) through (f) regarding civilian employees.

(6) Close coordination is maintained between installation security personnel, the regional and local Navy Drug and Alcohol Advisory Councils (NDAAC), NSIC, and Federal and local law enforcement agencies in compliance with references (g) and (i).

(7) Adequate inspection and enforcement programs are in effect covering persons, vehicles, and property entering and exiting naval installations, vessels, and aircraft.

(8) NADAP resource requirements are met through the Program Objectives Memorandum (POM) process, and that subordinate commands provide sufficient facilities and other resource support for the elements and programs under their cognizance.

(9) Subordinate commands conduct urinalysis testing per established policies and procedures. The Navy goal is to test approximately 10-20 percent of each command every month.

(10) Quality control of the CAACs, NADSAP units, and other drug and alcohol program elements under their control is maintained.

(11) Program Standardization and Quality Assurance teams conduct on-site program evaluation inspections/assist visits of CAACs and other program elements, such as NADSAP and NDAAC, not less than every 18 months. The teams shall use the CAAC Manual (NAVPERS

15514A) for guidance and have as an objective compliance with nationally recognized accreditation standards for alcohol and drug abuse facilities. These inspections shall be scheduled in coordination with the Immediate Superiors in Command (ISIC) of activities tasked to operate CAACs and other program elements per paragraph 14(b) of reference (h). Reports of inspections shall be provided to the ISIC per paragraph 6(i) of reference (h) and an information copy to the appropriate second and third echelon commander (as applicable).

(12) CAAC directors are graduates of NDACS (NOBC 3350).

m. Area Coordinators shall:

(1) Evaluate the nature and extent of drug and alcohol abuse within the area and provide reports as required in enclosure (13).

(2) Monitor all area programs and efforts to ensure maximum effectiveness, uniformity, and area cooperation among Navy and other military commands and to provide appropriate interface with civilian organizations and agencies in support of the following programs:

(a) detection and deterrence.

(b) drug and alcohol abuse preventive education, training, counseling, and rehabilitation.

(c) investigative, law enforcement, and DUI/DWI counter measures.

(3) Evaluate existing military and civilian employee programs and provide recommendations for change when appropriate.

(4) Ensure that regional/local NDAACs are established to coordinate and monitor alcohol and drug abuse programs.

(5) Require regional coordinators and appropriate commanders to assess the availability of drug abuse paraphernalia in the vicinity of Navy installations through their Armed Forces Disciplinary Control Boards and, per reference (i), take appropriate action when the availability of drug abuse paraphernalia reveals a threat to the discipline, health, welfare, and morale of the armed forces.

n. Regional Coordinators shall:

(1) Evaluate the nature and extent of drug and alcohol abuse within the region and provide reports as required in enclosure (13).

(2) Monitor regional investigative, law enforcement, DUI/ DWI, detection and deterrence, and preventive education programs to ensure maximum effectiveness, uniformity of countermeasures, and regional cooperation among Navy and other military commands and to provide appropriate interface with civilian organizations and agencies.

(3) Evaluate existing military and civilian employee programs and provide recommendations for change when appropriate.

(4) Establish regional NDAACs, chaired by the regional coordinator or designee (0-6 or above), to coordinate and monitor alcohol and drug abuse programs.

(a) The NDAAC shall meet at least quarterly.

(b) NDAAC membership should include representatives from local NDAACs and other activities involved in drug and alcohol abuse control matters: e.g., security, medical, rehabilitation, safety, recreation, club management, chaplain, education/training, family advocacy, and public affairs.

(c) The NDAAC is responsible for analyzing the nature, extent, and effect of the local drug and alcohol abuse threat, including the availability of drug abuse paraphernalia. It will develop periodic threat assessments and a written action plan to combat the drug and alcohol abuse threat in the region, including detection/ deterrence, prevention, training, counseling/treatment, and liaison with other interested federal, state, and local agencies. The council chairperson will hold the current threat assessment for review during IG inspections and should make copies available to local commands.

(5) Establish local NDAACs at designated shore activities where geographic location makes participation in the regional NDAAC impractical.

o. Unit Commanders, Commanding Officers, and Officers-in Charge are responsible for understanding and aggressively supporting

NADAP policies, and taking corrective measures in cases of personnel involved in drug and alcohol abuse. Specifically they shall:

(1) Document specific individual instances of substandard performance and enter reference to drug or alcohol abuse in appropriate administrative record entries, in enlisted evaluations, officer fitness reports, and other reports as required.

(2) Review status of personnel involved in drug use and alcohol abuse incidents and ensure that appropriate disciplinary, remedial educational, rehabilitative, and/or administrative action is taken.

(3) Conduct an aggressive urinalysis testing program as outlined in enclosure (4). The Navy goal is to test approximately 10-20 percent of each command every month.

(4) Ensure that urinalysis tests, breath analyzer, and/or field sobriety tests are conducted when there is a reasonable suspicion of drug or alcohol abuse. See enclosure (4).

(5) Consult with medical and drug and alcohol abuse program personnel when substandard performance, aberrant behavior, or misconduct is suspected to be drug or alcohol abuse related.

(6) Train personnel in drug and alcohol abuse prevention and control.

(7) Interview or counsel subordinates concerning poor job performance or misconduct and, where appropriate, exercise judicious use of suspended punishment to motivate and channel an abuser into remedial education or rehabilitation programs.

(8) Conduct screening for overseas assignment, as set forth in the Enlisted Transfer Manual, paragraph 4.011, to ensure that members with unresolved alcohol or drug related incidents are not considered for overseas duty.

(9) Order urinalysis tests for members being assigned overseas duty before delivering the orders to officers and before preparation of Standard Transfer Orders for enlisted personnel. See enclosure (4).

(10) Submit Drug and Alcohol Abuse Reports (DAARs) documenting confirmed individual cases of drug or alcohol abuse and Pro-

gram Information Forms reporting completion of Level I intervention. See enclosure (13)

p. Officer and enlisted supervisory personnel are responsible for exercising positive leadership and demonstrating full support for the NADAP. Supervisors shall:

(1) Educate, train, and motivate subordinates to create group peer pressure that rejects drug and alcohol abuse and that reinforces, both on and off duty, wholesome individual and social activity.

(2) Observe individuals under their supervision and document evidence of substandard performance or misconduct which are often indicators of drug or alcohol abuse problems.

q. All personnel are responsible and fully accountable for their personal activities relating to drug and alcohol abuse and for any substandard performance or illegal acts resulting from such activities. Additional responsibilities include:

(1) Reporting known or suspected incidents of drug abuse or trafficking to their immediate supervisor or commanding officer, security agency (e.g., base police or Master at Arms (MAA)), or local office of the NSIC. Members of the naval service having knowledge of an offense committed by a person in the naval service, including a drug offense, are required by Article 1139, U.S. Navy Regulations (1973) to report such an offense. Failure to do so constitutes an offense under Article 92, Uniform Code of Military Justice.

(2) Encouraging persons suspected of having an existing or potential drug or alcohol abuse problem to seek assistance.

(3) Notifying the appropriate commanding officer, via the chain of command, immediately when abuse exists or is suspected. The commanding officer must be fully informed of the circumstances, so that he/she may personally evaluate the impact on unit readiness.

8. Reports and Forms

a. Reports. The following reports are approved for 3 years only from the date of this directive:

(1) Drug and Alcohol Abuse Report (DAAR) required by enclosure (13), paragraph

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1, is assigned Report Control Symbol OPNAV 5350-2.

(2) Drug and Alcohol Abuse Semi-Annual Report required by enclosure (13), paragraph 2, is assigned Report Control Symbol DDHA(SA)1094(5350).

(3) Criminal Activity, Disciplinary Infractions and Courts Martial Report for Naval Personnel required by enclosure (13), paragraph 3, is assigned Report Control Symbol JAG 5800-4A.

(4) Program Information Form (AD-MITS) required by enclosure (13), paragraph 5,

is assigned Report Control Symbol OPNAV 5350-8.

(5) Navy Alcohol and Drug Abuse Safety Action Program Report (NADSAP) required by enclosure (13), paragraph 6, is assigned Report Control Symbol DD-HA(Q)1587(5350).

(6) Urine Sample Custody Document and Report of Laboratory Urinalysis required by enclosure (4), appendix B, paragraphs 4d and 5f, are assigned Report Control Symbol OPNAV 5350-4.

b. **Forms:** The following forms are available through normal supply channels per NAV-SUP P-2002:

FORM NUMBER	TITLE	STOCK NUMBER
OPNAV 5350/1 (5-82)	Drug & Alcohol Abuse Statement of Understanding	0107-LF-053-5505
OPNAV 5350/2 (5-82)	Urine Sample Custody Document	0107-LF-053-5510
OPNAV 5350/7 (1-86)	Drug and Alcohol Abuse Report	0107-LF-053-5565
OPNAV 5350/8 (1-86)	Program Information Form	0107-LF-053-5570
DD 1384	Transportation Control and Movement Document	0102-LF-013-5700
DD 1966/5	Application for Enlistment-Armed Forces of the United States	0102-LF-001-9669

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Definitions

The following definitions are for use only within the NADAP. They do not change the definitions found in statutory provisions, regulations, or directives.

Accession level testing. Service directed urinalysis testing conducted by CNET activities for pre-fleet training purposes. This category includes officer candidate programs (including U.S. Naval Academy), warfare/staff specialty entry schools, recruit training, apprentice training, and "A" schools.

Alcohol Abuse. The use of alcohol to an extent that it has an adverse effect on the user's health or behavior, family, community, or the Navy, or leads to unacceptable behavior as evidenced by one or more alcohol-induced incident(s).

Alcohol Dependence. Psychological and/or physiological reliance on alcohol resulting from use on a periodic or continuing basis. See also "Physical/Physiological Dependence" and "Alcoholism."

Alcohol-induced Incident. Misconduct due to intoxication.

Alcohol Rehabilitation Center (NAVALREHCEN). A free-standing alcohol and drug abuse residential treatment facility under cognizance of COMNAVMILPERSCOM.

Alcohol Rehabilitation Department (ARD). An alcohol abuse residential treatment department within a Naval Hospital under the cognizance of COMNAVMEDCOM.

Alcohol Rehabilitation Service (ARS). See "Alcohol Rehabilitation Department."

Alcoholic. An individual who is suffering from the disease of alcoholism.

Alcoholism. A disease characterized by psychological and/or physical/physiological dependence on alcohol. See also "Alcohol Dependence."

Completion of Alcohol or Drug Abuse Program. An individual is considered to have successfully completed an alcohol or drug abuse program when the individual has: a) completed all directed Drug and Alcohol Abuse Regimen requirements, b) is otherwise fully qualified for duty, and c) the commanding officer signs the Treatment Completion Statement (first endorsement). See enclosure (7).

Enclosure (1)

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Controlled Substance. A drug or other substance included in Schedules I-V established by section 202 of the Comprehensive Drug Abuse Prevention and Control Act of 1970 (84 Stat 1256) as updated and republished under the provisions of that Act. The list includes marijuana, narcotics, hallucinogens/psychedelics, and specific depressants and stimulants.

Counseling. The process of providing, to personnel impaired by the use of alcohol or drugs, intervention, assistance, consultation, and/or aftercare service through a residential or nonresidential program.

Counseling and Assistance Center (CAAC). A nonresidential facility providing counseling services, clinical screening/referral, local outreach programs, and the Navy Alcohol and Drug Safety Action Program (NADSAP) to commands in the immediate geographic area. The CAAC provides a member to the regional Navy Drug and Alcohol Advisory Council (NDAAC).

Depressants. Sedative-hypnotic drugs of diverse chemical structure all capable of inducing varying degrees of behavioral depression. Depending on dose, depressants can have a sedative, tranquilizing, hypnotic (sleep), or anesthetizing effect. Some common depressants are: alcohol, barbiturates (e.g., butalbarbital, secobarbital), tranquilizers, benzodiazepines and methaqualone.

Detoxification. Medical and psychological management of the alcohol and drug withdrawal processes.

Drug. Any substance, other than food, which when inhaled, injected, consumed, or introduced into the body in any manner, alters mood or function.

Drug Abuse. Illegal or non-medical use or possession of drugs.

Drug Abuse Paraphernalia. All equipment, products, and materials that are used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body controlled substances in violation of the law.

Drug and Alcohol Program Advisor (DAPA). The DAPA is the command representative responsible to the commanding officer for implementing the NADAP. The DAPA conducts onboard administrative screening as directed by the commanding officer, coordinates or assists in conducting command awareness education, assists in monitoring aftercare when required, and serves as the command's self-referral agent.

Drug Dependent. Having a psychological or physiological reliance on a drug resulting from use on a periodic or continuing basis. See also "Physical/Psychological Dependence" and "Prescription Dependence."

Drug Possession. The exercise of actual physical custody and control, or the exercise of dominion and control, over a controlled substance. Merely being in the presence of another person who is in possession of a substance, or merely knowing the location of a substance, does not constitute possession. The substance does not, however, have to be in the hands of a person or otherwise on the person. Possession may be established by the fact that the substance was found on the premises or in a place over which a person exercises dominion and control. Two or more persons may be in possession of a substance.

Drug-related Incident. Any incident in which drugs are a factor. Voluntary self-referral, confirmed use or possession of drugs or drug paraphernalia, or drug trafficking constitute an incident. Other types of incidents, such as when medical care was required, suspicious public or domestic disturbances have taken place, or death has occurred, must be carefully evaluated to determine if drugs were an underlying factor. Proper use of authorized and documented prescription drugs is not reported as an incident.

Drug Trafficking or Supplying. The wrongful manufacture, distribution (includes sale or transfer) of a controlled substance, and/or the wrongful possession or introduction into a military unit, base, station, ship, or aircraft of a controlled substance with the intent to distribute.

Education/Prevention and Referral Programs. Assistance services provided on a nonresidential basis designed to educate, positively motivate, increase awareness and promote zero tolerance of drug and alcohol abuse. Such services include NADSAP, motivational training, and educational outreach programs typically offered in NADAP Levels I and II. See enclosure (6).

Hallucinogens/Psychedelics. A group of diverse, heterogeneous compounds all with the ability to induce visual, auditory, or other hallucinations and to separate the individual from reality. Depending on substance and dose, these can cause disturbances in cognition and perception. Some common hallucinogens are: LSD, mescaline and peyote, psilocybin, and psychedelic amphetamine variants (STP, MDA).

Intervention. The process of getting, at the earliest possible time, the potential patient's attention for the need for

rehabilitation due to self-destructive drinking or drug abuse. Consultation with the professional staff at a CAAC or NAVALREHCEN or an Employee Assistance Program is expected before an intervention is conducted.

Marijuana. Any intoxicating product of the hemp plant, cannabis (including hashish), or any synthesis thereof. For purposes of this instruction, the terms marijuana and cannabis are used interchangeably.

Narcotics. Any opiates or opiate derivatives, including their synthetic equivalents. Some common narcotics are: morphine, codeine, heroin, Methadone, Talwin, Percodan, and Darvon.

Navy Aftercare Coordinator (NAC). A NAC assists the command DAPA by helping establish and monitor aftercare programs for recovering individuals. To be designated a NAC, an individual must successfully complete the Aftercare Program Management (APM) course.

Navy Alcohol and Drug Safety Action Program (NADSAP) Offices. A facility providing educational programs for alcohol/drug abuse prevention. The NADSAP office provides civilian court interface for DWI and similar offenses, support and coordination in alcohol/drug abuse prevention to local and afloat commands, and a member to the regional NDAAC as required.

Navy Drug and Alcohol Counselor (SNEC 9519). A graduate of the Navy Drug and Alcohol Counselor School who has successfully completed a one year supervised internship and who has earned secondary Navy Enlisted Classification (SNEC) 9519 through successful completion of the Certification Examination. Provides evaluation and referral services at the local CAAC to assist local commands in the processing of individuals identified as drug or alcohol abusers. Provides individual and group counseling services to military drug or alcohol abusers. Provides a contact point for commands and individuals seeking assistance or information concerning alcohol or drug abuse and/or abuse control programs.

Navy Drug and Alcohol Counselor Intern (SNEC 9522). Those persons who have successfully completed the Navy Drug and Alcohol Counselor School and are in training to become credentialed Navy Drug and Alcohol Counselors.

Physical/Physiological Dependence. An alteration to an individual's physiology or state of adaptation to a drug or alcohol evidenced by a pattern of pathological use, impaired social or occupational functioning, tolerance, or withdrawal symptoms when use is abruptly discontinued.

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Polydrug abuse. The abuse of two or more drugs during the same relative time period, not necessarily simultaneously, where none can be considered the primary drug of abuse to the exclusion of others.

Prescription Dependence. The dependence on drugs prepared for and dispensed to an individual under the written direction of a physician. An individual may become dependent upon prescription drugs either through no fault of his/her own or through the manipulation of the medical system. Each incident of prescription dependence must be handled on a case-by-case basis to determine the individual's role in the addiction.

Psychological Dependence. The craving or need for the mental or emotional effects of alcohol or other drugs that manifests itself in repeated use and leads to a state of impaired social or occupational functioning.

Recovering Alcoholic. A person whose alcoholism has been arrested through abstinence.

Recovering Drug Abuser. A person whose illegal use of drugs has terminated and whose drug dependence, if applicable, has been arrested through abstinence.

Rehabilitation. The process of restoring to effective functioning by means of a structured Level II or III therapeutic treatment program those persons who are physiologically or psychologically dependent upon the use of alcohol or drugs or who are screened as habitual abusers.

Rehabilitation Failure. Rehabilitation is considered a failure, when in the judgment of the cognizant commanding officer, the individual demonstrates an inability or refusal to participate in, cooperate in, or successfully complete a program of rehabilitation as defined in the MILPERSMAN and SECNAVNOTE 1920. Rehabilitation failure also occurs when the individual commits an alcohol-induced or drug abuse incident within one year of treatment.

Stimulants. Widely diverse category made up of central nervous system stimulant drugs that increase the behavioral activity of an individual. Some common stimulants are: cocaine and amphetamines and methamphetamines.

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Program Organizational Structure1. Purpose

a. To achieve maximum standardization of drug and alcohol abuse services throughout the Navy.

b. To achieve and maintain the highest quality of drug and alcohol abuse program services delivery to eligible Navy personnel.

2. Organization Concept. The NADAP organization functions within the normal Navy chain of command and area coordination structure as outlined in paragraph 7 of this instruction. That organizational structure is presented at appendix A. This enclosure prescribes duties and responsibilities of other commands, facilities and personnel having unique NADAP mission requirements.

a. Major Claimant Alcohol and Drug Control Officers (ADCOs) manage the drug and alcohol intervention assets of each major claimant and advise the major claimant on the status of local command drug and alcohol policy and procedures. In addition they have staff responsibility for maintaining quality assurance over all program elements under their cognizance, particularly in the areas of professional training, standards, and services delivery.

b. Shore activity commanding officers shall:

(1) Take drug and alcohol abuse countermeasures which are consistent with the drug and alcohol abuse threat environment of the base and local community.

(2) Provide adequate facilities and other resource support for drug and alcohol abuse prevention and control programs at field activities.

(3) Encourage tenant activities to actively support the NADAP, including alcohol deglamorization.

(4) Ensure that criminal incidents involving drug and alcohol abuse that require investigative assistance are referred to the Naval Security and Investigative Command (NSIC) or appropriate law enforcement agencies in compliance with reference (g).

(5) Comply with the provisions of references (a) through (f) regarding their civilian employees.

(6) Comply with the provisions of reference (g) regarding coordination between law enforcement and security agencies.

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(7) Ensure that an adequate inspection program is in effect covering persons, vehicles and property entering and exiting naval installations, vessels, and aircraft.

(8) Establish, as appropriate, a base/station level advisory council, similar to the regional NDAAC, to coordinate and monitor command and tenant activity drug and alcohol abuse control programs.

(9) Designate a senior individual to represent the activity on the regional NDAAC.

c. Commanding Officers, Naval Alcohol Rehabilitation Centers (NAVALREHCENS) report to the Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) as identified at appendix A. They provide expertise to the major claimants as requested and also report, in an additional duty (ADDU) status, to the regional coordinator of the area in which they serve. In this capacity they provide the Regional Coordinator with the latest information on alcohol/drug abuse, represent rehabilitation programs at the Regional NDAAC, provide technical advisory assistance when requested by major commands concerned in the administration of the local CAAC/NADSAP facilities, and provide professional training for selected NADAP personnel.

d. Unit commanding officers and Officers-in-Charge are responsible for NADAP implementation at the command level. They shall aggressively support program activities, participate in local advisory councils, and use all measures available to eliminate the effects of drug and alcohol abuse from their commands. They shall use the expertise of Drug and Alcohol Program Advisors (DAPAs) within their command to determine unit threat assessment and case disposition.

e. Counseling and Assistance Center (CAAC) Directors report to either their cognizant major installation commander or regional coordinator. They coordinate the delivery of drug and alcohol abuse Level II program services as well as prevention program elements within their area of responsibility. Some specific duties are:

(1) Provide screening/referral services for personnel referred by commands or those voluntarily seeking assistance

(2) Provide a nonresidential counseling program as described in NAVPERS 15514A for personnel, and their families (where feasible), who require assistance at that level

(3) Direct and standardize outreach programs to commands in their assigned area

(4) Provide a representative to the NDAAC.

f. Navy Alcohol and Drug Safety Action Program (NADSAP) offices are organizationally and administratively integrated into the existing CAAC management structure when co-located on a Navy installation or in a common geographic area. When a NADSAP is not co-located with a CAAC, the installation commanding officer shall establish where the NADSAP fits within the organizational structure.

g. Drug and Alcohol Program Advisor (DAPA)

(1) The DAPA should be a volunteer, and a top-performing E-6 or above with two or more years remaining until EAOS and PRD. NMPC-63 may grant a paygrade waivers to E-5's provided written justification is submitted. Justification must specify that the E-5 meets all other DAPA criteria and that there are no eligible E-6's. An approved waiver is required to attend the DAPA course. Chief Warrant Officers, Limited Duty Officers or other officers O-3 and above may also fill the DAPA position. The DAPA must not have had a drug or alcohol incident within the last two years and, if a recovering alcoholic or drug abuser, must have two years sobriety. All DAPA's must meet Navy weight requirements and, if recovering from being a compulsive overeater, must have two years in a program of recovery.

(2) All Navy commands are required to have a DAPA. Commanding officers may appoint as many DAPA's as necessary to satisfy command requirements. Commands should assign collateral duty DAPA's at the ratio of one DAPA per 300 personnel attached. Commands having more than 1000 personnel assigned shall have at least one full time DAPA.

(3) Any individual assigned as a DAPA must successfully complete the Drug and Alcohol Program Advisor Course (A-501-0060) within 90 days of his/her assignment as a DAPA. Since the DAPA is responsible for monitoring aftercare, he/she should also attend the Aftercare Program Management Course, when feasible, as a follow-on to initial DAPA training. The DAPA can also use collateral duty Navy Aftercare Coordinators, who have graduated from the APM course, to assist in developing and monitoring aftercare programs.

(4) The DAPA is responsible to the commanding officer for drug and alcohol abuse Level I program. This includes:

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(a) Advising the commanding officer on the administration of the command drug and alcohol abuse program.

(b) Conducting administrative screenings, within the limits of his/her training and experience, of identified drug and alcohol abusers before referral to Level II and/or physician or clinical psychologist screening(s) as directed by the commanding officer.

(c) Coordinating or assisting in the presentation of Level I drug and alcohol abuse awareness education.

(d) Establishing and monitoring, for designated individuals, a Level I intervention program.

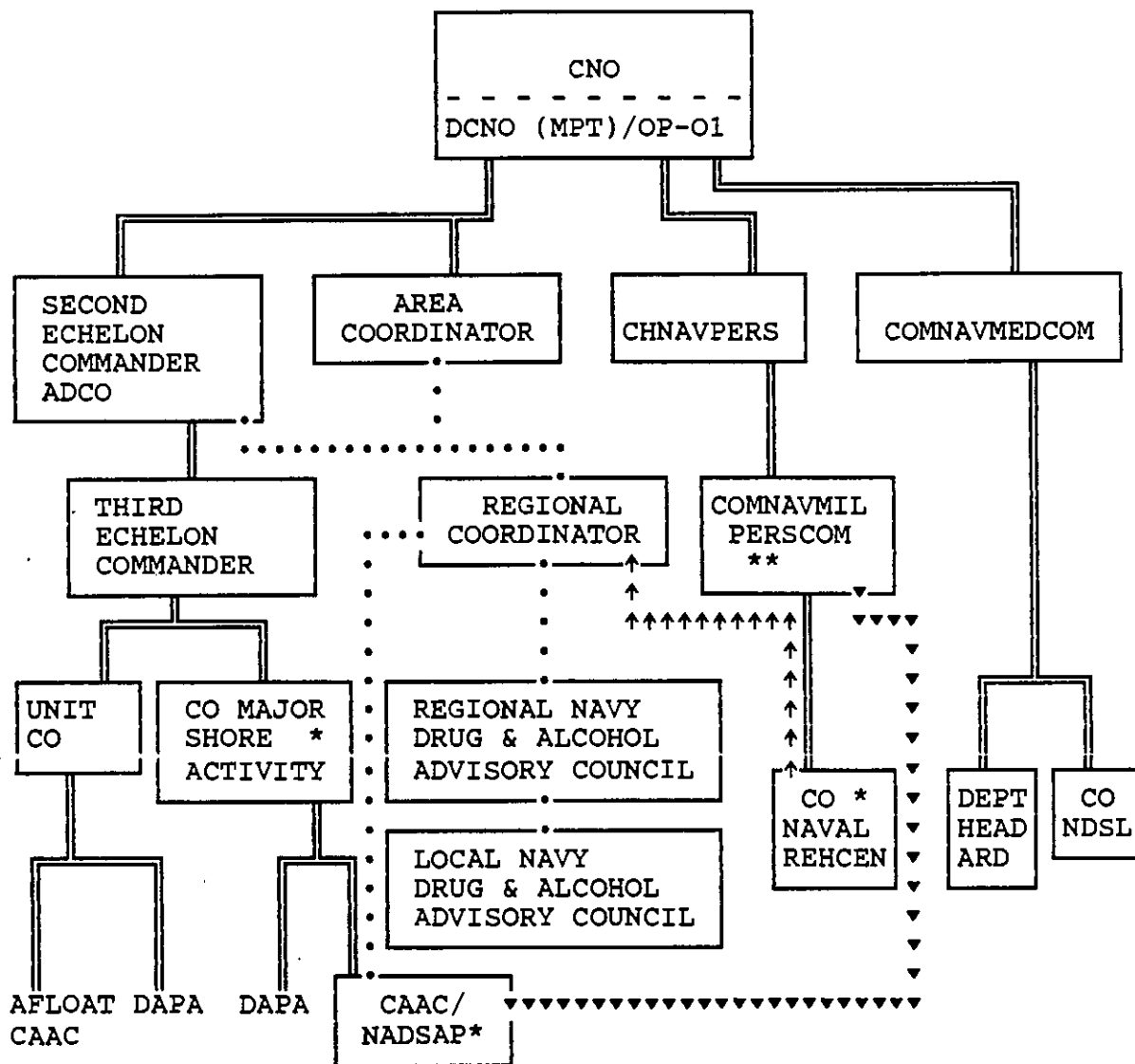
(e) Monitoring, when required, the aftercare recommendations of counseling or rehabilitation facilities for members who return to the command after completion of Level II or III programs. See enclosures (6) and (7).

(f) Serving as the command self-referral procedure agent. See enclosure (5).

(g) Drafting the Drug and Alcohol Abuse Report (DAAR) for the commanding officer's signature. See enclosure (13).

(h) Drafting the ADMITS Program Information Form when required. See enclosure (13).

NAVY ALCOHOL AND DRUG ABUSE PROGRAM ORGANIZATION



* - Membership on the regional/local NDAAC

** - Provides a member to major claimant (second echelon)
Program Standardization and Quality Assurance Team

LEGEND: == Operational chain of command
..... Shore activity coordination
↑↑↑↑ Assigned Additional Duty
▼▼▼▼ NADSAP Contract Management & Quality Assurance

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Detection and Deterrence

1. Policy. The primary responsibility for drug and alcohol abuse prevention rests with the individual. The Navy, however, will establish and firmly enforce policies, programs, and procedures designed to prevent drug and alcohol abuse. DOD Directive 1010.7 of 10 August 1983 (NOTAL) and SECNAVINST 5300.29 series contain basic policy guidance.

2. Command Responsibility. Commanders, commanding officers, and officers-in-charge shall establish a command environment that discourages drug and alcohol abuse. In implementing the Navy's policies, command drug and alcohol abuse programs shall, as a minimum, include the following:

a. Information. An effective information program is essential to all drug and alcohol abuse prevention efforts. Commands shall use all available resources to deglamorize alcohol use and to emphasize the Navy's "Zero Tolerance" policy regarding drug and alcohol abuse.

b. Education. Education helps develop appropriate attitudes and behavior concerning drug and alcohol abuse. It provides Navy personnel and their dependents with reliable facts on the deleterious effect of drug and alcohol abuse on their health, welfare, and personal safety. Commands shall use all available resources to provide drug and alcohol education to command personnel.

c. "Appropriate use." Consumption of alcoholic beverages just prior to or during working hours reduces productivity. It is the personal decision of an individual to use alcoholic beverages lawfully; however, such use must not:

(1) interfere with the efficient and safe performance of the individual's military duties

(2) reduce his or her dependability

(3) reflect discredit upon himself or herself personally or upon the Department of the Navy.

d. Deglamorization Element. Commands shall make every effort to deglamorize alcohol abuse by eliminating those traditional practices which may encourage personnel to drink irresponsibly. Peer pressure should be used in a positive manner. Commands must emphasize responsibility and moderation at ship's parties and picnics, happy hours, "wetting downs" and advancement celebrations, initiations, hail and farewell parties, graduations, beach parties,

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and other functions. At all command functions where alcoholic beverages are served, adequate quantities of non-alcoholic and low-calorie beverages must also be provided so that those who choose to abstain from drinking may participate in these traditional Navy functions,.

e. "Appropriate Alternative." Commands shall, to the extent practicable, encourage social activities and greater use of all recreational facilities, particularly at overseas and isolated bases. Recreational programs and services represent an alternative to drug and alcohol abuse not only as a deterrent, but also as a primary element in a command counseling/rehabilitative setting. Innovative leadership, combined with support of recreation facilities and activities, promotes the emotional and physical well-being of Navy personnel. Commands shall ensure at least some recreational facilities remain open as late as on-station bars, so that these facilities are not the only off-duty or leisure time option available.

f. Health and Physical Readiness. Peer pressure and boredom are contributors to drug and alcohol abuse. Thus, commanders shall emphasize physical readiness programs specifically designed to involve Navy members in healthy and productive off-duty physical activities afloat and ashore.

3. Identification of Drug and Alcohol Abusers

a. Detection Program. Pursue detection and identification programs vigorously and on a continuing basis to achieve two purposes:

(1) Detection of drug and alcohol abuse and identification of abusers.

(2) Prevention of future incidents of drug and alcohol abuse.

b. Searches. Specific searches for contraband should include:

(1) Gate and quarterdeck searches overseas, as directed by the commanding officer, of members, vehicles, and parcels, including off-ship working parties upon their return to the ship. The command should structure the search to leave no element to the discretion of the personnel conducting the search.

(2) Special searches of ship's boats used to transport working parties and stores.

(3) Searches conducted when there is probable cause to believe that an offense has been committed and that evidence of the offense will be discovered by the search. This includes, but is not limited to, probable cause searches of mail in the military postal facilities overseas not operated by U.S. Postal Service employees, urinalysis testing of individuals based on probable cause, and other probable cause searches.

c. Inspections. Conduct continuing programs of health and welfare and military inspections, employing drug detection dogs as appropriate, to include:

(1) Messing and berthing inspections.

(2) Zone/material inspections (especially working and storage spaces).

(3) Seabag/locker inspections, including inspections conducted immediately upon reporting, either directly by duty MAA or indirectly with the LPO assisting member to unpack.

(4) Gate and quarterdeck inspections in CONUS, as directed by the commanding officer, to include vehicles, members and parcels. The command should structure the inspection to leave no element to the discretion of the personnel conducting the inspection.

(5) Random inspection of mail in the military postal facilities overseas, in locations where the United States Postal Service does not operate a civilian postal facility, using drug detection dogs, fluoroscopes or similar means. See DOD Postal Manual, DOD 4525.6-M (NOTAL).

(6) Urinalysis inspections as defined in enclosure (4).

d. Competence for Duty Examinations. Where there is reason to suspect a military member is illegally under the influence of a controlled substance or alcohol while on duty, that member shall be immediately relieved from duty and referred to the appropriate medical personnel for evaluation of competence for duty per BUMEDINST 6120.20B. In an appropriate case, as noted in enclosure (4), paragraph 5a(2), a commander may authorize urinalysis testing to be conducted as a search under Military Rules of Evidence 315.

e. Security and Law Enforcement. Maintain positive security controls over spaces suspected of being havens for drug and alcohol abuse, including voids, storerooms, fan rooms, recreational areas, and working spaces. Take action as required to increase the presence or anticipated presence of authority throughout the

command to deter policy violations. The presence of leading petty officers in crew spaces and of supervisors in work spaces on a regular but unpredictable basis is effective.

(1) Ensure the reliability of security patrols through continuous testing and leadership emphasis, including patrols by commissioned and warrant officers and chief petty officers.

(2) Ensure that the names and punishments awarded members found guilty of offenses at all disciplinary proceedings, including Captain's Mast, are published. See JAGMAN 0107 regarding publication of Mast results.

f. Voluntary Self-Referral for Rehabilitation. Enforcement and command directed programs are essential means of achieving a drug-free naval service. However, a means is required to enable those who are psychologically or physiologically drug or alcohol dependent and want help, to obtain help without risk of disciplinary action. A procedure for voluntary self-referral for rehabilitation is established in enclosure (5).

g. Urinalysis. Urinalysis testing for controlled substances is a major means of detecting and deterring drug abuse. The ability to detect the presence of controlled substances through urinalysis eliminates speculation of drug abuse and supports actions needed to rehabilitate, discipline, or separate identified offenders. Commands are urged to use urinalysis to the maximum extent feasible under guidelines detailed in enclosure (4).

h. Driving Under the Influence of Drugs and/or Alcohol. Drinking and drunk driving are contributing factors in half of all motor vehicle accidents. Not reflected in accident statistics are the fatalities and injuries directly attributable to drug abuse, or to the combination of drugs and alcohol. Commanding officers must use every method available, per reference (b), to establish use (in the case of drugs) or a state of intoxication (and at what level, in the case of alcohol) when naval personnel are suspected of being under the influence of drugs or of being intoxicated when in a duty status or while operating a motor vehicle. Steps to detect and deter driving under the influence of drugs and alcohol include:

(1) Using driving mazes at installation gates.

(2) Establishing on-base safety check-points. Guidance concerning check-points is contained in OPNAVINST 5580.1. Commanding officers should also consult a JAG officer prior to implementing such a program.

(3) Breath analyzer tests in instances where there is suspicion of alcohol intoxication. Breath analyzers are primarily for use in DWI detection and deterrence. Commands may not use breath analyzers for random snooping or spot checking other than in DWI enforcement. Members identified by these devices as being impaired while driving vehicles are to be stopped and returned to their commands for follow-up per SECNAVINST 5300.29 and this instruction. Intoxicated driving is defined in DOD Directive 1010.7 of 10 August 1983 (NOTAL).

(4) Urinalysis tests where there is suspicion of drug usage. See enclosure (4).

i. Revocation of On-Base Driving Privileges and Vehicular Registration. Denial of on-base driving privileges and vehicular registration is an effective sanction in combating the movement of illegal drugs and drug paraphernalia. Revoke the on-base driving privileges of Navy members, civilian employees, dependents and visitors convicted of driving a vehicle while intoxicated or under the influence of drugs, whether on or off base, per reference (b). Require such personnel to complete a drug/alcohol education program (e.g., Navy Alcohol and Drug Safety Action Program (NADSAP)) as a prerequisite to reinstatement of base driving privileges. Document these offenses in the member's service record, including comment in the member's performance evaluation or fitness report. The revocation of driving privileges shall be in addition to any disciplinary and/or rehabilitation measures appropriate to the specific incident as directed by either military or civil authority. Apply such revocation of driving privileges only to the offender as an individual so that eligible family members will continue to have access to on-base facilities.

j. Seizure of Vehicle and Vessels. Federal law provides for the forfeiture of all personally-owned conveyances, including vehicles and vessels, that have been used to facilitate the transportation, sale, receipt, possession, or concealment of drugs in violation of law. Security personnel may seize vehicles found on the installation to contain drugs or other contraband as potential evidence. Seized vehicles owned and operated by individuals who are not subject to the UCMJ shall be released to appropriate civilian law enforcement authorities having jurisdiction over the particular case. Seized vehicles owned or operated by individuals subject to the UCMJ may be detained as evidence pending disciplinary action and shall be screened by the Staff Judge Advocate for referral to the Drug Enforcement Administration for possible forfeiture. When a vehicle is seized under these circumstances, the owner, if other than the driver, and the Staff Judge Advocate shall be notified of the seizure and the reasons therefore as soon as possible. Any seizure of vehicles or

vessels by security personnel by reason of drug involvement should be coordinated with the nearest NSIC Resident Agency. This is per the provisions of the liaison responsibilities of NSIC as contained in DOD Directive 1010.4 of 25 August 1980. Detailed guidance regarding procedures to be followed in effecting the seizure of personally-owned conveyances are contained in a OPNAVINST 5580.1, the Navy Law Enforcement Manual.

k. Drug Detection Dogs (DDD)

(1) Use. DDD teams are an extremely effective drug detection and deterrent measure. Efforts to mask the trace odors the dogs are capable of detecting are rarely successful. Often, a team's physical presence alone is enough to deter drug abuse. DDD teams should be used at least semi-annually in conjunction with inspections and searches throughout all command areas as outlined below.

(a) Inspections - use of a DDD in inspections under Military Rule of Evidence 313. A DDD may be used incident to an inspection ordered pursuant to Military Rule of Evidence 313. Commanding officers should authorize handlers to conduct unrestricted common area inspections throughout their installations/commands to ensure inspection on a continuing basis. When a "find" or "response" occurs in an area within the scope of an authorized inspection or within a common area, the matter may be investigated and any contraband seized. When a "find" or "response" occurs which suggests the presence of contraband outside the scope of an authorized inspection, the response, and factual circumstances surrounding it, must be relayed to the appropriate commanding officer to seek a search authorization.

(b) Searches - use of a DDD to establish probable cause to search. Except for family housing, a DDD "alert" can establish probable cause to search an area, object or extend the scope of a search in progress. Upon reporting to a new base, the DDD team will demonstrate to the base commanding officer and tenant commanding officers its proficiency and accuracy before being allowed to work on base. The base commanding officer can deny the team authorization to search until assured the team is effective. All searches are with prior approval of the commanding officer. Search authority rests only with the commanding officer. See Military Rule of Evidence 315. Family housing shall not be searched utilizing a DDD team except under a search authorization based on consent, or as authorized by the commanding officer based upon probable cause.

(c) Personnel inspections. These inspections may be conducted anywhere under naval jurisdiction at any time. Dogs are trained to inspect for controlled substances and will not harm humans unless provoked. It is the handler's responsibility to ensure safety at all times.

(d) Residual odor responses. Residual odor responses are those responses made by the dog in an area where no physical evidence is present. The dog is responding to a scent left by a controlled substance and is identifying a possible hiding place or user. The residual odor response is identified as such at the discretion of the individual handler. The handler is specifically trained to discriminate between a residual odor and a false response for his or her particular dog.

(e) False responses. At times when animals are not working at top proficiency, they may alert on food, new substances, or other odors to which they are not accustomed. A false response may not be used to identify an individual or area for any controlled substance abuse or hiding space. This determination is at the discretion of the handler as it is part of his or her professional training and day-to-day familiarization with the functioning of a specific animal.

(2) Procurement logistics. Commands having 1,700 or more active duty personnel should request a permanent DDD team or have access to one or more teams. The Navy's requirements for drug detection dogs are determined from user requests and are submitted to the Air Force via the Chief of Naval Operations (OP-09N). Additional information is contained in OPNAVINST 5585.2. Replacement of dogs must be addressed to NSIC (Code 24).

Urinalysis Policy and Related Procedures

1. Policy

a. Drug abuse reduces readiness and is not tolerated in the United States Navy. Routine urinalysis testing is the most effective means to detect and deter drug abuse. The urinalysis program uses a system of chemical testing of urine samples to:

(1) Establish a valid and reliable means for inspecting personnel to assess the command's readiness to carry out its assigned mission.

(2) Serve as a strong deterrent against drug abuse.

(3) Monitor the status of personnel in drug and alcohol abuse rehabilitation programs.

(4) Provide statistical data on the prevalence and demographics of drug abuse.

b. Commanders, commanding officers and officers-in-charge shall conduct an aggressive urinalysis testing program, adapted as necessary to meet unique unit and local situations. Specific types of urinalysis testing are outlined in paragraphs 5 and 6 of this enclosure.

2. Objective. The main objective of urinalysis testing programs is to detect and deter drug abuse.

3. Authorized Use of Urinalysis

a. Mandatory urinalysis testing for drugs may be conducted in the following circumstances:

(1) Inspection. During inspections performed under Military Rule of Evidence 313.

(2) Search or Seizure. During a search or seizure action. Searches and seizures are governed by Military Rules of Evidence 311, 312, and 314-316.

(3) As part of one of the following examinations:

(a) A command-directed examination or referral of a specific member to determine the member's competency for duty and the need for counseling, rehabilitation, or other medical treatment when there is a reasonable suspicion of drug abuse.

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(b) An examination in conjunction with a service member's participation in a DOD drug treatment or rehabilitation program.

(c) An examination regarding a mishap or safety investigation undertaken for the purpose of accident analysis and the development of countermeasures.

(4) Any other examination ordered by medical personnel for a valid medical purpose under Military Rules of Evidence 312(f) including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.

b. Subject to limitations in paragraph 4 below, the results of urinalysis may be used to refer a military member to a treatment or rehabilitation program, to take appropriate disciplinary action, and to establish the basis for separation and characterization of discharge in separation proceedings per appropriate NAVMILPERSMAN articles and SECNAVINST 1910.4A. The results of mandatory urinalysis may be used in other administrative determinations except as otherwise limited in this instruction or under rules issued by the Secretary of the Navy. A matrix of the use of the results of urinalysis is provided at appendix A.

4. Limitation on Use of Urinalysis Results of Military Members

a. Irrespective of whether or not the results of such testing would be admissible under the Military Rules of Evidence, results obtained from urinalysis under subparagraph 3a(3), above, may NOT be used for disciplinary purposes nor on the issue of characterization of service in separation proceedings, except when used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the service member. In addition, such results may not be used as a basis for vacation of the suspension of execution of punishment imposed under Article 15, UCMJ, or as a result of court-martial. Such results may, however, be used as a basis for separation.

b. Results obtained from urinalysis under subparagraph 3a(3)c shall not be used for any punitive or administrative action by the Department of the Navy against the member.

5. Types of Tests and Authority to Conduct

a. Search or Seizure

(1) Tests conducted with member's consent. Members suspected of having unlawfully used drugs may be requested to consent to

Enclosure (4)

urinalysis testing. Prior to requesting consent, the command representative should advise the member that he or she may decline to provide the sample. Where practicable, consent should be obtained in writing. Article 31b warnings are not required in such cases provided that no other questioning of the member takes place. Consent urinalysis tests may also be conducted per reference (c). Further guidance concerning consent searches is contained in Military Rule of Evidence 314 and the analysis thereto. If a member declines to provide a urine sample, and there is probable cause to believe that the member has committed a drug offense and that a urinalysis test will produce evidence of that offense, the member's commanding officer, or other officer with that authority, should order a probable cause test. See paragraph 5a(2) below. If probable cause does not exist, a command-directed test may be ordered as set forth in paragraph 5c(1) below.

(2). Probable cause tests. Urinalysis tests may be ordered per Military Rules of Evidence 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis test will produce evidence of such offense.

b. Inspections under Military Rule of Evidence 313. Urinalysis inspections are designed to ensure the military fitness and the good order and discipline of a unit. Such inspections, conducted as an incident of command, help ensure that assigned personnel are fit and ready for duty and that personnel identified as drug abusers obtain counseling or rehabilitation. Commands shall not order urinalysis inspections for the primary purpose of obtaining evidence for trial by courts-martial or for other disciplinary purposes. Results of urinalysis inspections may be used for any purpose, including disciplinary action and characterization of service. Further guidance concerning inspections is contained in Military Rule of Evidence 313 and the analysis thereto.

(1) Inspections authorized by commanders, commanding officers and officers-in-charge. Commands may order urinalysis inspections just as they may order any other inspection to determine and ensure the security, military fitness, and good order and discipline of the command. Commands may use any method of selecting service members or groups of members for urinalysis inspection, including, but not limited to:

(a) Random selection of individual service members either from the entire unit or from any identifiable segment or class of that unit such as a department, division, work center, watch section, barracks, all non-rated, all officers, or all personnel who have reported for duty in the past month, or similar classes. To enhance the deterrent value of such testing, testing

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programs should be designed so that a service member's chance of selection remains constant throughout the testing period.

(b) Selection, random or otherwise, of an entire sub-unit or identifiable segment of a command. Examples of such groups would include: an entire department, division, or watch section; all personnel within specific paygrades; all newly reporting personnel as they report aboard; or all personnel who surrender or are apprehended after an unauthorized absence. Again, a sub-unit urinalysis inspection should not be conducted as a subterfuge to search a specific service member.

(c) Unit sweeps: urinalysis testing of an entire unit.

(2) Service-directed testing. Service-directed testing is testing directed by the Secretary of the Navy or the Chief of Naval Operations. See paragraph 6, below, for specific test categories.

c. Fitness for duty testing. Categories of fitness for duty urinalysis testing are described below. Irrespective of whether or not the results of such testing would be admissible under the Military Rules of Evidence, results obtained from urinalysis under subparagraph 3a(3), above, may NOT be used for disciplinary purposes nor on the issue of characterization of service in separation proceedings, except when used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the member. In addition, such results may not be used as a basis for vacation of the suspension of execution of punishment imposed under Article 15, UCMJ, or as a result of court-martial. Such results may, however, be used as a basis for separation.

(1) Command-directed tests. A urinalysis test should be ordered whenever a member's behavior, conduct, or involvement in an accident or other incident gives rise to a reasonable suspicion of drug abuse and a urinalysis test has not been conducted on a consensual or probable cause basis. Command-directed tests shall be ordered by a member's commander, commanding officer, officer-in-charge, or other officer who has succeeded to command per U. S. Navy Regulations (1973). The authority to authorize a command-directed urinalysis test may be delegated to an executive officer and/or command duty officer. Reasonable suspicion will frequently be generated by a member's involvement in:

(a) A serious accident or incident in which unusually careless acts were performed.

(b) A motor vehicle offense involving excessive speed, loss of control of vehicle, reckless driving, or driving under the influence.

(c) Fights, assaults, disorderly conduct, disrespect to superiors, willful disobedience of orders, and similar incidents of misconduct.

(d) Bizarre, unusual, or irregular behavior.

(2) Aftercare and Surveillance Testing. After a member is identified as a drug abuser (see paragraph 11 of this enclosure), he or she may be required to undergo aftercare or surveillance testing, as defined below. Members in an aftercare program or surveillance testing program are also subject to routine command urinalysis inspections. Positive results from such inspections may be used for any purpose, including disciplinary action under the UCMJ and characterization of service in separation proceedings.

(a) Aftercare testing. Command-directed testing conducted as a part of an aftercare plan to provide for continuing recovery after the member completes a Level II or Level III rehabilitation program (see enclosures (6) and (7)). Any confirmed positive urinalysis result identified as drug abuse constitutes a rehabilitation failure and may be used as a basis for separation by reason of misconduct or rehabilitation failure, or both. These results may not be used, however, regarding characterization of discharge.

(b) Surveillance testing. Command-directed testing ordered for identified drug abusers who do not participate in a Level II or Level III rehabilitation program. Surveillance testing may be conducted for a maximum of six months. As with aftercare testing, results may not be used for characterization of discharge.

(3) Evaluation testing. Command-directed testing ordered when a commander, having evaluated all available information, remains in doubt as to the member's wrongful use of drugs following a laboratory-confirmed urinalysis result, and does not, either by administrative or disciplinary action, identify the member as a drug abuser. Evaluation testing should be conducted twice a week for a maximum of eight weeks. When a commander resorts to command-directed evaluation testing to aid in the determination of drug abuse, the limitation on the use of urinalysis results contained in paragraphs 4a and 5c of this enclosure apply equally to both the original positive urinalysis result, regardless of the premise under which it was ordered, and the results of evaluation testing. Either or both test results, however, may be used as a basis for separation. Members undergoing evaluation testing are also subject to routine command urinalysis inspections. Positive results from

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such inspections may be used for any purpose, including disciplinary action under the UCMJ and characterization of service in separation proceedings.

(4) Physician-directed tests. A physician or other medical personnel may order urinalysis tests in connection with a competence for duty examination conducted per BUMEDINST 6120.20, or in connection with any other medical examination based on a command referral for the purpose of identifying personnel who may require counseling, treatment, or rehabilitation for drug abuse. This category of tests does not include urinalysis tests ordered by a physician or other medical personnel for medical diagnostic purposes as defined in paragraph 3a(4) of this enclosure or urinalysis tests conducted as a search or seizure.

(5) Safety investigation tests. A commanding officer or investigating officer may order urinalysis tests in connection with any formally convened mishap or safety investigation. Results of such tests may not be used for any punitive or administrative action taken by the Department of the Navy against the member.

6. Service-Directed. The following categories of inspections shall be conducted as prescribed in this instruction or by the appropriate OPNAV Program Manager:

a. Rehabilitation facility staff. Military staff members of drug/alcohol abuse program rehabilitation facilities shall undergo urinalysis testing as a deterrent to their use of drugs and to provide an example to their clients. The facility commanding officer or director will establish the frequency of testing.

b. Drug and alcohol abuse treatment/rehabilitation testing. This testing is conducted in conjunction with participation in a Level II counseling program or Level III rehabilitation program for drug or alcohol abuse (as opposed to a medical detoxification or medical treatment program). This testing is mandatory for identified drug abusers and recommended for identified alcohol abusers. A demonstrated return to drug usage, or a switch from alcohol abuse to drug use or vice versa, constitutes a failure to rehabilitate. It should be emphasized that some heavy users of drugs may remain positive for a period of two weeks at Department of Defense confirmation levels. Continued positive results past two weeks are indicative of a return to drug abuse or a chronic dependency problem. Reevaluate for dependency any individual who remains positive for two weeks when undergoing Level II rehabilitation and refer the member back to the parent command for administrative separation processing or referral to Level III rehabilitation. Although urinalysis testing in conjunction with a treatment or rehabilitation program constitutes a service-directed inspection, the limitations

on use of urinalysis test results contained in paragraph 4 of this enclosure apply to results of such testing.

c. Security personnel shall be tested as directed by the program manager.

d. Naval Brigs. Testing of brig staff and detainees is essential to ensure illegal drugs do not enter these controlled spaces.

(1) Naval Brig Staff. Members of Naval Brig facilities shall undergo urinalysis testing as a deterrent to their use of drugs and to provide an example to the prisoners. Monthly testing of all military staff members is mandatory.

(2) Brig Prisoners. Testing is mandatory for all military personnel upon entry into the brig and bi-monthly thereafter to detect the entry and presence of any drugs within these controlled areas.

e. PCS Overseas. Prior to executing permanent change of station orders to an overseas duty station, officer and enlisted personnel shall undergo mandatory, service-directed urinalysis inspection approximately 45 days prior to detachment. Commanding officers should not execute orders until urinalysis test results are received and evaluated. If a member is identified as a drug abuser, in addition to taking administrative and disciplinary action, commanding officers shall notify COMNAVMILPERSCOM and EPMAC if the member is enlisted, that the member is ineligible for overseas duty assignment.

f. Fleet "A" School Candidates. Fleet personnel with orders to "A" School shall undergo mandatory, service directed urinalysis inspection approximately 30-45 days prior to commencement of travel to "A" School. Commanding officers shall not execute orders to "A" School until urinalysis test results are received and evaluated. Those identified as drug abusers by their commanding officer are ineligible for "A" School for a minimum of one year.

g. Accession Pipeline. Officer and enlisted personnel in the accession and prefleet training pipelines shall undergo service-directed urinalysis inspection as prescribed below:

(1) Officer candidates in OCS, AOCS, OIS, BOOST, Naval Academy Preparatory School, Midshipmen, and officer students in warfare/staff specialty entry schools will receive thorough indoctrination on screening procedures and Navy policy on drug abuse, with special emphasis on mandatory separation processing for officers who confirm positive. Candidates and officer students will undergo urinalysis testing for the full range of drugs on or about

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the thirtieth day after reporting. See appendix B to enclosure (7) for disposition guidance on members identified as a drug abuser.

(2) All recruits, including NAVETS, OSVETS and SPLIT-SAMS, will receive indoctrination briefings regarding Navy policy on drug and alcohol abuse, legal consequences of drug abuse, effects of drug and alcohol abuse on discipline and combat readiness, consequences of drug trafficking, physical and psychological effects of drug and alcohol abuse, and the Navy's urinalysis screening program within 72 hours of reporting. A Page 13 entry will be made and signed by the recruit to document this briefing (see appendix F). All recruits, including NAVETS and OSVETS, shall undergo urinalysis testing for the full range of drugs, normally within 24 hours of reporting to a Recruit Training Center (entrance test).

(a) Process for entry level separation any NAVET or OSVET identified as a drug abuser based on a confirmed positive entrance test result for any drug.

(b) Process for entry level separation any recruit identified as a drug abuser based on confirmed positive entrance test results for any drug, other than cannabis.

(c) Retain recruits, except NAVETS/OSVETS, who have confirmed positive entrance test results for cannabis. Document the positive urinalysis as a first drug incident on Page 13 of member's permanent service record (see appendix G). Warn and counsel the member, and place him/her on a urinalysis surveillance program. The surveillance regimen will consist of at least one urinalysis test per month for the remainder of the members assignment(s) within the accession training pipeline, not to exceed 180 days after member's entry on active duty. See appendix B to enclosure (7) for further disposition procedures.

(d) Disenroll from the program recruits enlisted into a nuclear power program who are identified as drug abusers based on confirmed positive entrance test results. Process the member as a non-nuclear program recruit per appropriate paragraph above. Any enlisted bonus due shall not be paid until entrance urinalysis test results are received and verified negative.

(3) Normally within 2 weeks of reporting to Apprentice Training and "A" Schools or the first module of other accession pipeline training after recruit training, each student will undergo urinalysis inspection for the full range of drugs. All positives will be forwarded to the appropriate NDSL or other DOD certified laboratory for confirmation testing.

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h. Military Parolees. Prior to release on parole, prisoners approved for parole are required to undergo urinalysis testing per SECNAVINST 5815.3G. In addition, military parolees are required, per that instruction, to undergo urinalysis testing when directed by the Naval Clemency and Parole Board or by the supervising United States Probation Officer.

7. Unit quotas

a. While unit commanders, commanding officers, officers-in-charge, and physicians have the authority to order as much urinalysis testing as is deemed necessary, the NDSLs have a finite capacity. It is necessary, therefore, to regulate the submission of urine samples to the laboratories.

(1) Each unit may submit to the Navy Drug Screening Laboratories a maximum quota of samples per month equal to 20 per cent of its assigned personnel or 200 samples, whichever is less, without prior approval. All types of testing (search and seizure, inspections, fitness for duty, etc.) are applied toward a unit's quota except service-directed testing. Samples which test negative in the field, and are not forwarded to a laboratory for confirmation, do not count against the 20 per cent monthly quota.

(2) Second echelon commanders (or designee) will regulate laboratory quotas assigned by higher authority and must approve all submissions in excess of 20 per cent (or any percentage resulting in more than 200 samples) of a unit's assigned personnel per month.

b. Second echelon authorization for testing in excess of 20 per cent required is solely to regulate the number of samples submitted to the Drug Screening Laboratories. The requirement to obtain authorization to exceed monthly quotas is not intended to create any rights, substantive or procedural, nor does it place limits on the lawful prerogatives of commands to order urinalysis testing.

8. Field test kits. Although laboratory testing is the primary means to test urine samples, commands may use field test kits to screen samples, provided they collect and submit samples as described at appendix B. Commands that choose to field test are responsible for all associated costs including reagents, maintenance and training. Commands must also meet certification and quality assurance requirements set forth at appendix C. All urine samples identified as positive by a field test shall be sent immediately to the applicable NDSL for initial and confirmation testing.

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a. Positive test results from field tests are considered preliminary until confirmed as positive by a DOD certified drug laboratory or by the service member's admission.

b. Field test results alone may not be used as the basis for any disciplinary action, administrative separation proceeding, or other adverse administrative action pending laboratory confirmation. Such results may be used for temporary referral to a treatment program, temporary suspension from sensitive duty positions or positions where drug abuse threatens the safety of others, or to temporarily suspend access to classified material.

c. If a positive field test result is not confirmed by a DOD certified drug laboratory or by the Service member's admission, any temporary action based solely on the field test result shall be rescinded.

d. If an action is based upon evidence other than the field test results (e.g., member's admission), nothing in this provision prohibits continuing a temporary action or taking appropriate disciplinary or administrative action.

9. Collection and Transportation of Urine Specimens. Commands are responsible for collecting and transporting urine specimens under the chain of custody procedures outlined at appendix B. Urine samples should be shipped to the testing lab through regular mail channels. The fact that the container arrives at the lab sealed without indication of tampering, a fact noted by the lab on the chain of custody document, provides an adequate chain of custody on the sample for purposes of court-martial or disciplinary proceedings. Registered mail can ensure that evidence is traceable within the postal system, and is an option to consider in cases involving search and seizure. In instances where registered mail is used, reference this directive as authority to enter unclassified material into the registered mail system. Urine samples must be packaged and handled per U.S. Postal Service Publication 52 regarding "Biological Materials". Appendix B contains guidance.

10. Retests

a. Navy Drug Screening Laboratories. When a sufficient quantity of a specimen is available to permit retesting, an NDSL will conduct a retest:

(1) When requested by the submitting command;

(2) When requested by an administrative board under rules applicable to the board; and

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(3) upon order of a court-martial under rules applicable to the court-martial.

b. Retests requested by member. Commanding officers are not required to obtain a retest at an NDSL when requested to do so by a member. When a sufficient quantity of a specimen is available to permit retesting, a member may obtain a retest at a laboratory other than an NDSL at the member's own expense. Requests for portions of samples for such retesting must be submitted to the cognizant laboratory via the member's command.

c. Retests at laboratories other than DOD certified laboratories. Commands wishing to have samples retested at a drug testing laboratory other than a laboratory certified by the ASD(HA) shall submit requests to COMNAVMILPERSCOM (NMPC-63) for approval. If approved, COMNAVMILPERSCOM will forward the request to the ASD(HA) for authorization per DOD Directive 1010.1 of 28 December 1984.

11. Command Determination of Drug Abuse

a. The report of results message is official notification of laboratory test results and constitutes authority to take appropriate disciplinary or administrative action. The drug screening laboratory will retain chain of custody documents and other paperwork on file for two years. The laboratory will also retain positive samples in frozen state for sixty days and then discard, unless otherwise requested by submitting command to retain the sample for an additional 180 days.

b. A positive laboratory report is a dependable indication that drugs are present in the urine. A cross-check should be made with appropriate medical and dental personnel to determine whether the member was using validly prescribed medications or if any other valid reason could explain the positive. The medical officer shall report to the member's commanding officer whenever there appears to be an authorized use of the identified drug.

c. Using all information available, including the urine test results, medical and dental records, service record, and chain of command recommendations (i.e., department head, division officer, leading CPO), the commanding officer will make one of the following determinations:

(1) The member is a drug abuser. Commands will follow the disposition guidelines contained in enclosure (7).

(2) The member is not a drug abuser. In cases in which the commanding officer determines that the urinalysis result attributed to a particular member is the result of administrative error (e.g.,

faulty local chain of custody, evidence of tampering) or that the drug use was not wrongful (e.g., prescribed medication, unknowing ingestion), the member shall not be identified as a drug abuser. The positive urinalysis is not a drug abuse incident and no action/documentation is required.

(3) The member's wrongful use of drugs is in doubt. When, in the judgment of the commanding officer, there remains some question as to the member's wrongful use of drugs, the commanding officer has the option to:

(a) ask the member to consent to urinalysis tests as outlined in paragraph 5a(1) above;

(b) direct the member to participate in a urinalysis evaluation program for a maximum of 8 weeks (2x8), as outlined in paragraph 5c(3) above, and use the results to aid in the determination; or

(c) request the laboratory to reexamine the original documentation for error or retest the original sample. This should not be a routine course of action. The retest procedure requires the laboratory to first verify the accuracy of the original documentation and, if no discrepancy is noted, to subject the urine sample to an additional confirmatory analysis. The lab which originally tested the sample will conduct the retest; samples are not retested at a different DOD certified lab. In cases where the retest may result in a remainder of ten or less milliliters of the sample, which would preclude further retests, the lab will notify the requesting command. For further guidance regarding retests, see paragraph 10 of this enclosure.

d. If test result is to be used in a court-martial or administrative proceeding, the command must notify the cognizant laboratory within 60 days of receiving the report of results message. In such cases, the laboratory will retain the specimen for 120 days following the date of notification. If the trial or administrative proceeding is not completed within this 120 day period, the submitting command must request an extension. When urinalysis test results are used as evidence in a general or special court-martial, the command should consult the trial counsel as to when the laboratory may discard the positive sample.

12. Urinalysis guidance

a. Conduct every urinalysis test with the full expectation that administrative or disciplinary action might result.

b. Use responsible people with appropriate seniority to administer, observe and handle urine samples. An officer or CPO's presence is strongly encouraged during collection to ensure proper procedures are followed.

c. Random sampling of smaller numbers of personnel on a more frequent basis provides best results. It reduces the predictability of command testing and raises the perceived risk of detection.

d. Planned testing dates should be held in strictest confidence. The element of surprise is essential to a successful deterrence program.

e. Specimen collection should immediately follow the test announcement. Members designated for testing should report directly to the collection site, under escort if considered necessary. This denies members the opportunity to dilute the urine specimen by drinking a large quantity of water before providing a sample.

f. Strict adherence to direct observation policy during urine collection prevents most countermeasures (substitution, dilution, adulteration).

g. Mailing as soon after collection as practical reduces the possibility of tampering and reduces the chance of sample deterioration.

h. Infrequent (once or less per week) users of marijuana will ordinarily remain positive at the established laboratory cutoff levels for 3-5 days following their most recent use. Most heavy users of marijuana will test negative at laboratory cutoff levels within two weeks after discontinuing use. Continued positive results for longer than 2 weeks indicate continued abuse or previous extremely heavy abuse. Member requires reevaluation for chronic drug dependency. Users of most other drugs will test negative within 2-4 days following the most recent use.

i. Restrained use of entire unit sweeps is recommended since they use up to forty percent of a command's yearly laboratory urinalysis quota. Random sampling and sub-unit sweeps are normally better deterrents and simplify command collection and chain of custody procedures.

j. Field test kits are recommended for aftercare and surveillance testing to free more laboratory testing quotas for inspection testing. Field testing is not recommended for random, unit/sub-unit sweeps, or other scenarios involving large numbers of samples.

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k. Intelligent use of monthly testing quota, tight chain of custody and strict compliance with collection procedures maximize the deterrent value of the command urinalysis program.

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USE OF DRUG URINALYSIS RESULTS

	Usable in disciplinary proceedings	Usable as basis for separation	Usable for (other than honorable) characterization of service
1. Search or Seizure -	YES	YES	YES
- member's consent	YES	YES	YES
- probable cause	YES	YES	YES
2. Inspection			
- random sample	YES	YES	YES
- unit sweep	YES	YES	YES
3. Medical - general diagnostic purposes (e.g., emergency room treatment, annual physical exam, etc.)	YES	YES	YES
4. Fitness for duty			
- command-directed	NO	YES	NO
- competence for duty	NO	YES	NO
- aftercare testing	NO	YES	NO
- surveillance	NO	YES	NO
- evaluation	NO	YES	NO
- mishap/safety investigation	NO	NO	NO
5. Service directed			
- rehab. facility staff (military members)	YES	YES	YES
- drug/alcohol rehab testing	NO	YES	NO
- PCS overseas, Naval Brigs, "A" school	YES	YES	YES
- Accession (entrance test)	NO	YES	NO

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Collection and transportation of urine specimens

1. Collection

a. A responsible individual will coordinate the urine collection. In those cases where a large number of samples is collected, commanding officers may assign more than one unit coordinator. Commanding officers are the ultimate authority in deciding who within their command coordinates the urinalysis testing program. Hospital corpsmen or the Drug and Alcohol Program Coordinator (DAPA) should not be used for urine collection, testing, and shipping. The unit coordinator will receive the urine specimen bottles (NSN 6640-00-165-5778) and prepare each as follows:

(1) Record on gum label:

(a) Date of collection (DAY/MONTH/YEAR).

(b) Batch number (locally derived four digit number assigned to each batch of twelve samples or portion thereof).(c) Specimen number (predetermined two digit sequential numbers assigned to each individual sample in a batch).

(d) Member's social security number (use all digits).

(e) Testing premise/authority identifier as follows:

Inspections

RS: Random sample

US: Unit sweep (including subunits)

AT: Accessions testing

OS: Other service-directed testing (Specify)

RF: Rehabilitation facility staff testing

Search or Seizure

CT: Consent testing

PC: Probable cause

Fitness for Duty

CD: Command-directed

PD: Physician-directed

RA: Rehabilitation program/aftercare testing

SA: Official safety, mishap, accident testing

SU: Surveillance testing

ET: Evaluation testing

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Medical Examination
ME: Medical examination

Other
OT: Other authorized testing (Specify)

(2) Attach gum label to body of bottle (this step may be accomplished after the sample has been collected, in which case the label must be attached to the bottle in the presence of the member providing the urine).

b. The coordinator will maintain a urinalysis ledger documenting all test specimens with the following identifying information:

- (1) Date of collection (TIME/DAY/MONTH/YEAR)
- (2) Batch number
- (3) Specimen number
- (4) Member's social security number
- (5) Testing premise identifier
- (6) Signature and printed name of observer (see paragraph 1d below)
- (7) Signature of member (see paragraph 1e below)
- (8) Identification of new batch and specimen numbers if administratively changed for any reason, signature and printed name of individual making change and signature and printed name of witness.

c. The coordinator shall ensure that each specimen is collected under the direct observation of a designated individual of the same sex as the member providing the sample. Unless the observer is also the unit coordinator, the observer shall not handle the bottle. The observer will sign the urinalysis ledger, certifying that the specimen bottle contains urine provided by the member and was not contaminated or altered in any way.

(1) For personnel providing a sample directly into the bottle specified in paragraph 1b above, the observer shall observe the service member urinating into the specimen bottle, placing the cap on the bottle, and delivering the bottle directly to the coordinator.

(2) For female personnel, the urine may be collected in a wide-mouth bottle (NSN 6530-00-837-7472) and transferred into the specimen bottle specified in paragraph 1b above. The observer shall observe the service member urinating into the wide-mouth bottle, transferring the urine to the specimen bottle, placing the cap on the bottle, disposing of the wide-mouth bottle, and delivering the specimen bottle directly to the coordinator.

d. The coordinator shall ensure that the service member verifies the identifying information by signing the ledger and initialing the specimen bottle label. If the service member refuses to sign, this verification may be accomplished by the observer and witnessed by the coordinator.

e. The coordinator shall ensure that the member presents proof of identity and shall verify the service member's social security number on the bottle against the proof of identity.

f. The coordinator shall receive the specimen bottle from the member and ensure that it contains a minimum volume of 60 milliliters and is not reopened. The urine sample bottle holds a maximum of 100 milliliters. The NDSL requires a minimum of 60 milliliters. Submission of less than the minimum quantity to the NDSL may result in the inability to confirm the preliminary test or may preclude retesting. The coordinator will initial the label in the member's presence and transcribe the information to the Urine Sample Custody Document (OPNAV 5350/2). See appendix E. OPNAV 5350/2 and bottle labels may be prepared in advance. In this case the coordinator must verify that the information on the label and Custody Document match. The use of word processing equipment with merge feature is encouraged to reduce the possibility of incorrect transcription of numbers. Upon collection of all samples the coordinator shall sign and date Block 11(a) of the Urine Sample Custody Document(s).

g. If a member claims to be unable to submit a sample, or submits less than the 60 milliliter minimum, it is permissible to require the member to remain in a controlled area, under observation, and to drink fluids normally consumed in the course of daily activity (e.g., coffee, water, soda) until such time as the member is able to provide a sample, or the balance of an incomplete sample. In the case of an incomplete sample, if such a procedure is followed, the unit coordinator will maintain custody of the incomplete sample until such time as the member is able to provide the balance of the sample in the same bottle.

2. Local testing. The commander, commanding officer or officer-in-charge may direct local testing using field testing equipment. In this event, only those drugs confirmable by a DOD

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certified laboratory may be tested on field equipment. All negative samples (those samples not giving a positive result for the drug(s) tested) shall be discarded. See enclosure (4), paragraph 8, for restrictions on using field test results.

a. The unit coordinator shall deliver the samples and OPNAV 5350/2(s) to the field test equipment operator.

b. The field test equipment operator shall sign OPNAV 5350/2(s) acknowledging receipt of the samples and test all samples according to the procedures specified by the equipment manufacturer.

(1) Retain the Daily work sheet, indicating all testing conducted, for two years.

(2) Retain the Result Cards for all controls and those samples indicated as positive for two years. Discard Result Cards for those samples indicated as negative.

c. The field test equipment operator shall annotate positive results in Block 10 of OPNAV 5350/2 (i.e., + THC, + AMP, etc.). Drug abbreviations may be found under General Instructions on the form. Block 10 may contain more than one positive indication.

d. After completing the field tests, the equipment operator shall line through and initial the entry(s) on OPNAV 5350/2(s) for those samples which did not test as positive and discard all the negative samples.

e. The field test equipment operator shall deliver samples which tested positive and OPNAV 5350/2 to the unit coordinator. The unit coordinator shall sign OPNAV 5350/2, acknowledging change of custody, and prepare the samples for shipment to a NDSL.

3. Preparation for shipment. The unit coordinator shall prepare samples for shipment as follows:

a. Ship urine specimens in the same (12 bottle) shipping container provided with the empty bottles. The coordinator shall pack specimens for shipment as follows:

(1) Remove bottles and separators from shipping container..

(2) Line interior of shipping container with packing material (tissue paper, newspaper, etc.).

(3) Place plastic bag (NSN 9Q 8105-00-401-2010 recommended) in shipping container and replace separators inside plastic bag.

(4) Place filled bottles between separators. If fewer than 12 bottles are shipped in container, place sufficient packing material in empty spaces to prevent contents from shifting.

(5) Seal plastic bag using twist tie or other means available. Non-waterproof tape is not suitable.

(6) Place sufficient packing material on top of plastic bag to prevent bag from rubbing against cover of shipping container.

(7) Enclose one copy of OPNAV 5350/2 in a waterproof mailer (NSN 8105-00-857-2247) and insert the mailer into the shipping container.

b. If the specimens were tested on field test equipment, submit only the samples which tested positive to the laboratory. More than one batch may be placed in a shipping container provided that all positives from one batch are all in the same shipping container. The original OPNAV 5350/2 must accompany all specimens described thereon.

4. Transportation

a. The unit coordinator shall indicate in Block 11(b) of the original Urine Sample Custody Document one of the following modes of shipment:

(1) "Released to U.S. Mail."

(2) "Released to Certified Mail #XXXX."

(3) "Released to Registered Mail #XXXX."

(4) "Released to PO3 Smith to hand carry to drug testing laboratory." In such case, PO3 Smith would sign Block 11(c) of the Urine Sample Custody Document upon receiving the specimens.

(5) "Released to Military Airlift Command, Bill of Lading Number XXX."

(6) "Released to United Airlines Flight 554, Bill of Lading Number XXX."

(7) "Released to Swiss Air Flight 52, Bill of Lading Number XXX." (NOTE: Foreign flag carrier is used only when no other shipment means is available.)

(8) When the Registered Number or Bill of Lading Number is not determined prior to sealing the container, indicate only the

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mode of shipment on the original and copy of OPNAV 5350/2 and annotate the command copy with the appropriate number when the container is accepted for shipment.

c. The unit coordinator shall seal all sides, edges and flaps of the box with adhesive paper tape, then sign and date across the tape on the top and bottom of each shipping container.

(1) Seal and sign each container whether shipped separately or collectively, mailed or hand delivered to the NDSL.

(2) When several shipping containers are consolidated into a larger box, line the larger box to prevent the contents from rubbing against the box. Seal all shipping containers inside a plastic bag. Add sufficient packing material to prevent shifting of contents.

d. The unit coordinator shall place the original Urine Sample Custody Document (OPNAV 5350/2) in a sealed envelope (retaining one copy) and affix the envelope to the sealed shipping container. Report Control Symbol 5350-4 applies to this data transmittal.

e. The unit coordinator shall wrap the container with brown mailing paper or place container(s) in a larger outer container (the Urine Sample Custody Document will remain affixed to the specimen box inside). Boxes or mailers shall be shipped to the NDSL specified by the second echelon commander or to the appropriate alternate laboratory. If applicable, priority ONE will be entered on DD Form 1384 (Transportation Control and Movement Document), or in the "Description of Contents" block on the U.S. Government Bill of Lading.

f. When boxes of samples from several commands or unit coordinators are collected at a central collection point for shipment or an intermediate individual will actually enter the samples into the selected mode of shipment, the actions described in subparagraph 3e above shall be performed by the collection point coordinator after he or she signs the Urine Sample Custody Document in Block 11(c) and provides a copy to the unit coordinator.

5. Laboratory Handling

a. The commanding officer of the cognizant NDSL or the director of the DOD certified laboratory is responsible for maintaining an internal identification system to maintain accountability of specimens and samples within the laboratory.

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b. A designated laboratory employee will receive the shipment of specimens and store them so that the integrity and physical characteristics are maintained.

c. An individual designated by the commanding officer or laboratory director shall open the outer wrappings, locate the Urine Sample Custody Document (OPNAV 5350/2), and visually inspect the shipping container to determine if the seals on sides, edges, and flaps were opened or tampered with while in transit. The designated individual shall then describe the condition of the shipping container in the appropriate block and sign and date the Urine Sample Custody Document.

d. The designated individual shall then open the container and inventory the contents. Accountability shall be maintained on specimens as portions are transferred to sample test bottles and routed throughout the lab. The original specimen bottles, with residual urine, shall be held in a secure location until preliminary and/or confirmation testing of the samples is complete.

e. Working samples (that portion of the specimen which actually undergoes testing) shall be discarded. The original specimen bottle of those samples testing negative shall be discarded. The Urine Sample Custody Document will be annotated to indicate positive samples at the end of the confirmation process. The original specimen bottle, with residual urine, of those samples testing positive will be stored (frozen at -5 to -20 degrees C) for 60 days following issuance of the report described in paragraph 5f below, after which it may be discarded unless the laboratory is requested to retain the specimen for a specified period (not to exceed 180 days) due to pending legal or administrative proceedings. Commands requesting sample retention shall advise the NDSL when legal or administrative proceedings are completed so that unneeded specimens may be discarded. If legal or administrative proceeding are not complete within the requested 180 day period, the submitting command shall request another extension. Unless the sample is ordered retained by a court of competent jurisdiction, in cases tried by court-martial, samples need not be retained beyond convening authority's action. In cases involving nonjudicial punishment, samples may be discarded following action on any appeal or upon expiration of the period allotted to file such an appeal.

f. A Report of Laboratory Urinalysis shall be forwarded to the originating command by naval message, using Report Control Symbol 5350-4, with info copies to the Armed Forces Institute of Pathology and the appropriate chain of command as specified on OPNAV 5350/2. The report will consist of at least the following elements:

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(1) Identification of Urine Sample Custody Document (OPNAV 5350/2):

- (a) Locally assigned batch number (Block 5)
- (b) Date prepared for shipment (Block 6)

(2) Identification of positive findings:

- (a) Specimen number (Block 7)
- (b) SSN (Block 8)
- (c) NDSL findings (Block H)

(3) A statement that all specimens not specifically listed are negative (unless all specimens are listed).

g. The laboratory certifying official shall sign the Urine Sample Custody Document (OPNAV 5350/2), certifying that the results are accurate and have been correctly reported to the originating command.

h. The original Urine Sample Custody Document (OPNAV 5350/2), the original intra-laboratory chain of custody document (if used), confirmatory documentation (gas chromatograph/mass spectrometry tracing(s)), and a copy of the report of results message shall be attached together and retained by the laboratory for a minimum of two years. These records shall be made available to the originating command, or other proper authority, upon request when required for administrative or disciplinary action.

FIELD TEST KIT OPERATION/QUALITY ASSURANCE

1. Equipment operation

a. Only trained, certified operators may operate Field test equipment.

b. Operator training and certification requirements:

(1) All field test equipment operators must receive a minimum of two hours of hands-on instruction from the equipment manufacturer and have successfully completed the appropriate Proficiency Checklist administered by the manufacturer's representative.

(2) The commanding officer must certify each operator as having received the minimum training required to properly operate the equipment. A memorandum or Page 13 entry shall be placed in the operator's service record and in the command's files.

(3) Each operator must undergo refresher training from the equipment manufacturer or designated representative at least semi-annually. This can be accomplished by a site visit or at a central training location designated by the equipment manufacturer. An operator who has not had refresher training in the last six months is decertified and must again receive a minimum of two hours of hands-on instruction from the equipment manufacturer, successfully complete the appropriate Syva Proficiency Checklist and be recertified by the commanding officer.

(a) The second echelon commander (or designee) may extend an operator's certification for a maximum of 90 days in those cases where unit deployment precludes attendance at required refresher training.

(b) Commanding officers of deployed units whose field testing equipment operator cannot attend refresher training prior to decertification shall provide justification for extension to the second echelon commander. Such requests will be considered on a case by case basis.

2. Quality assurance

a. Internal

(1) Operator (required each time equipment is used) shall:

(a) Comply with manufacturer's operating procedures.

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(b) Check all reagents for expiration date and use only current reagents.

(c) As testing progresses, check that readings for the calibrator remain consistent (within approximately 20 units of each other). Repeat any test where the calibrator varies by more than 20 units.

(2) Supervisory review (XO recommended) conducted monthly for the first three months for a newly certified operator and quarterly thereafter to ensure:

(a) Operator(s) are properly certified and, if applicable, have received refresher training from the equipment manufacturer within the last six months.

(b) Operator has analyzed a minimum of 20 samples over the last quarter. Twenty samples (including controls) analyzed in a three month period is considered the minimum requirement for the operator to remain proficient.

(c) Field testing documentation is completed per the manufacturer's instructions and retained for a minimum of two years.

(d) Operator is complying with chain of custody procedures.

(e) All reagents are properly stored in a secure, refrigerated area.

(f) Reagents and samples are allowed to warm/cool to room temperature before testing.

(g) Manufacturer's operating instructions are followed. Supervisor should review operating instructions and observe actual testing procedure.

(h) Memorandum documenting the results of all supervisory reviews are held in the command's urinalysis files.

b. External

(1) Periodic command inspections by higher authority will review all internal quality assurance procedures and documentation.

(2) Semiannual site or central training visits by the manufacturer's service representative shall:

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- (a) verify equipment reliability
- (b) review operator compliance with operating procedures
- (c) conduct initial/refresher training of operator(s)
- (d) provide a written report of findings to the commanding officer with a copy to CNO (OP-153).

(3) OP-153 will review reports of semiannual site or central training visits and monitor data provided by Navy Drug Screening Laboratories.

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DRUG SCREENING LABS

<u>Address</u>	<u>Telephone/Message Address</u>
Commanding Officer Navy Drug Screening Laboratory Naval Air Station Jacksonville, Florida 32214-5240	Autovon: 942-2959 Commercial: (904) 772-2497 NAVDRUGLAB JACKSONVILLE FL
Commanding Officer Navy Drug Screening Laboratory Bldg. 38-H Great Lakes, Illinois 60088-5223	Autovon: 792-3701 Commercial (312) 688-6862 NAVDRUGLAB GREAT LAKES IL
Commanding Officer Navy Drug Screening Laboratory Naval Air Station, Bldg. S-33 Norfolk, Virginia 23511	Autovon: 564-8089 Commercial: (804) 444-8120 NAVDRUGLAB NORFOLK VA
Commanding Officer Navy Drug Screening Laboratory Bldg. 65, 8750 Mountain Blvd. Oakland, California 94627-5050	Autovon: 855-6184 Commercial: (415) 633-6175 NAVDRUGLAB OAKLAND CA
Commanding Officer Navy Drug Screening Laboratory Naval Hospital, Bldg. 10-2 San Diego, California 92134-6900	Autovon: 987-2371 Commercial: (619) 233-2349 NAVDRUGLAB SAN DIEGO CA

Appendix D to
Enclosure (4)

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AREAS OF RESPONSIBILITY

NDSL Jacksonville: Those units designated by CINCLANTFLT or CMC and those undesignated units in geographic proximity.

NDSL Great Lakes: All activities assigned to CNET, all USMC accession points as designated by CMC, and selected naval activities located in the Great Lakes area.

NDSL Norfolk: Those units designated by CINCLANTFLT, CMC, or CINCUSNAVEUR and those undesignated units in geographic proximity.

NDSL Oakland: Those units designated by CINCPACFLT or CMC and those undesignated units in geographic proximity.

NDSL San Diego: Those units designated by CINCPACFLT or CMC and those undesignated units in geographic proximity.

Note: Recruit Training Centers will send recruit accession specimens to the geographically nearest NDSL for confirmation testing.

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URINE SAMPLE CUSTODY DOCUMENT

Read Instructions on Reverse Before Completion

1. SUBMITTING UNIT MESSAGE ADDRESS & UIC				A. DSL CONDUCTING TESTING	
2. SECOND ECHELON COMMANDER MESSAGE ADDRESS				B. RECEIVED FROM SHIPMENT	C. CONDITION OF SHIP. CONTAINER <input type="checkbox"/> UNDAMAGED <input type="checkbox"/> DAMAGED (Describe in K)
3. DATE SAMPLE(S) OBTAINED		4. GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION		D. NAME, GRADE/TITLE & SIGNATURE OF RECEIVING OFFICIAL DATE	
5. LOCALLY ASSIGNED BATCH NUMBER		6. DATE PREPARED FOR SHIPMENT		E. DSL BATCH NUMBER	F. ASSIGNED INTRA-LAB CHAIN-OF-CUSTODY DOCUMENT NUMBER
7. SPECIMEN NUMBER	8. SSN OF PERSON PROVIDING SPECIMEN	9. TESTING PREMISE	10. PTK/DAU POSITIVE	G. DSL ACCESSION NUMBER	H. DSL FINDINGS (Results Negative Unless Marked)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
11. CHAIN OF CUSTODY (Continue on reverse if necessary)				I. REPORT OF RESULTS (Date-Time-Group)	
(a) I certify that I received all specimens, verified for accuracy both the identification on each sample bottle & this chain-of-custody document, & properly packaged & sealed the specimens for shipment.				J. I certify that the findings noted above are correct and have been accurately reported to the submitting unit.	
NAME, GRADE & SIGNATURE OF UNIT COORDINATOR DATE				NAME, GRADE/TITLE & SIGNATURE OF CERTIFYING OFFICIAL DATE	
(b) RELEASED FOR SHIPMENT BY THE FOLLOWING MODE:				K. DAMAGE TO SHIPPING CONTAINER	
NAME, GRADE & SIGNATURE OF RELEASER DATE					

URINE SAMPLE CUSTODY DOCUMENT

11(c) CONTINUATION OF CHAIN OF CUSTODY

PURPOSE OF CHANGE OF CUSTODY	RELEASED BY (Name, Grade/Title, Activity & Signature)	RECEIVED BY (Name, Grade/Title, Activity & Signature)	DATE

General Instructions

- Forward original and one copy with the urine specimens (original in envelope attached to inner sealed box or container and copy in a waterproof mailer inside box or container)
- Submitting unit shall retain one copy
- Testing laboratory shall retain the completed original for a minimum of one year
- All unshaded entries are to be completed by the submitting unit. All shaded areas are to be completed by the laboratory.

SUBMITTING UNIT INSTRUCTIONS

Block Number

- SUBMITTING UNIT MESSAGE ADDRESS & UIC**
Message address and unit identification code (UIC) of unit submitting urine samples
- SECOND ECHOLON COMMANDER MESSAGE ADDRESS**
Message address of second echelon commander to whom submitting unit reports administratively
- DATE SAMPLE(S) OBTAINED**
Timeframe in which sample(s) provided
- GEOGRAPHIC LOCATION OF UNIT AT TIME OF COLLECTION**
Geographic location of unit when sample(s) are obtained (i.e., Jacksonville, FL; Inport Naples, IT; at sea; etc.).
- LOCALLY ASSIGNED BATCH NUMBER**
Each batch of 12 samples, or portion thereof, shall be assigned a separate number by the submitting unit.
- DATE PREPARED FOR SHIPMENT**
Date shipping container sealed and prepared for transportation to laboratory.
- SPECIMEN NUMBER**
Preprinted on form
- SSN OF PERSON PROVIDING SPECIMEN**
Full social security number of person from whom sample obtained.
- TESTING PREMISE/AUTHORIZATION**
Indicate the testing premise/authorization used to conduct the test. The following abbreviations are authorized:

INSPECTIONS	SEARCH OR SEIZURE
RS: Random sample	CT: Consent testing
US: Unit sweep	PC: Probable cause
AT: Accessions testing	FITNESS FOR DUTY
OS: Other service-directed testing (specify)	CD: Command-directed
RF: Rehabilitation facility staff testing	PD: Physician-directed
MEDICAL EXAMINATION	SA: Official safety, mishap, accident testing
ME: Medical examination	RA: Rehabilitation program/aftercare testing
OTHER	
OT: Other authorized testing (specify)	
- ADDITIONAL AUTHORIZED MARKINGS**
CM: May be used in court-martial proceedings
PR: Member is in a Personnel Reliability Program
NP: Member is in a Nuclear Power Program
- PTK/DAU POSTIVE**
If screened positive by EMIT-st portable kit or EMIT-DAU in the field, indicate for which drug(s) screened positive. Leave blank if not screened prior to submission to lab. The following abbreviations are authorized:

AMP = Amphetamine	BAR = Barbiturate	OP = Opiate
PCP = Phencyclidine	QUA = Methaqualone	COC = Cocaine
THC = Marijuana/Hashish		
- CHAIN OF CUSTODY**
(a) Certification of Coordinator
(b) Specify the mode of accountable transportation utilized to ship specimens to the lab
(c) If/when custody of specimens changes other than for shipment (unless hand carried), each change of custody must be documented in this block (if a continuation sheet is necessary, continuation sheet must contain the information of blocks 1, 3 and 5)

LABORATORY INSTRUCTIONS

Block Number

- DSL CONDUCTING TESTING**
Message address of NRMC drug screening lab which will report out the findings
- RECEIVED FROM SHIPMENT**
Identify the accountable mode of transportation utilized in shipping the samples to the lab
- CONDITION OF SHIPPING CONTAINER**
Indicate undamaged/damaged. Describe damage in block K
- RECEIVING OFFICIAL**
Name, grade/title & signature of official receiving the shipment for the lab and date received
- DSL BATCH NUMBER**
If used by the lab, indicate batch number assigned to the samples listed on this form
- ASSIGNED INTRA-LAB CHAIN OF CUSTODY DOCUMENT NUMBER**
If used by the lab, identify the chain of custody document which tracks samples through the lab
- DSL ACCESSION NUMBER**
Sequential number assigned to each sample
- DSL FINDINGS**
Indicate for which drug(s) confirmed positive (leave blank if negative or affix stamp indicating results negative)
- REPORT OF RESULTS**
Date-time group of message informing submitting command of results of lab testing
- DSL CERTIFYING OFFICIAL**
Certification of certifying official and date
- DAMAGE TO SHIPPING CONTAINER**
Describe damage to container if "damaged" marked in C

SAMPLE PAGE 13 ENTRY

(Date) : I HAVE BEEN BRIEFED THIS DATE ON THE
FOLLOWING:

- (1) NAVY POLICY ON DRUG AND ALCOHOL ABUSE AS SET
FORTH IN OPNAVINST 5350.4A
- (2) LEGAL AND ADMINISTRATIVE CONSEQUENCES OF
ILLICIT DRUG USE
- (3) EFFECTS OF DRUG AND ALCOHOL ABUSE ON DISCIPLINE
AND COMBAT READINESS
- (4) LEGAL AND ADMINISTRATIVE CONSEQUENCES OF DRUG
TRAFFICKING
- (5) PHYSICAL AND PSYCHOLOGICAL EFFECTS OF DRUG AND
ALCOHOL ABUSE
- (6) THE NAVY'S URINALYSIS SCREENING PROGRAM

I HAVE READ THE "DRUG AND ALCOHOL ABUSE
STATEMENT OF UNDERSTANDING" AND CERTIFY
THAT I UNDERSTAND ALL THE INFORMATION
CONTAINED THEREIN.

(Signature of Member)

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SAMPLE PAGE 13 ENTRY FOR ACCESSION LEVEL URINALYSIS POSITIVE

_____(DATE)_____: I am advised that I have been identified, through urinalysis testing, to be a drug abuser. I understand, effective this date, that I will be placed on a drug urinalysis surveillance program and tested on a regular basis during the remainder of my assignment(s) in the accession training pipeline not to exceed 180 days from my entry on active duty. I further understand that a second drug abuse incident will result in immediate processing for separation from the naval service.

Member's Signature

Witnessed: _____

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Voluntary Self-Referral for Drug Abuse Rehabilitation1. Policy

a. Voluntary self-referral for counseling, treatment, or rehabilitation is a one-time procedure that enables those who feel they may be drug dependent, and want help, to obtain help without risk of disciplinary action. Members identified through self-referral shall be eligible for treatment on the same basis as members whose drug use is disclosed by other means. For purposes of this instruction, voluntary self-referral for drug abuse constitutes an incident of drug abuse. Self-referral does not preclude administrative discharge processing.

b. Members subject to mandatory urinalysis in conjunction with participation in a Level II counseling program or Level III rehabilitation program for drug abuse or subject to aftercare or surveillance urinalysis testing (see enclosure (4)) are ineligible to participate in the self-referral program established by this enclosure. Any member who has submitted a urine sample for analysis under any testing premise, the results of which analysis have not been reported to the command, is likewise ineligible to participate in the self-referral program. Use of disclosures of prior drug abuse made by ineligible members is not limited by the provisions of paragraph 4, below.

2. Self-referral. Military members who seek counseling or rehabilitation for the specific problem of drug abuse may initiate the evaluation and treatment process by disclosing the nature and extent of their drug abuse to a physician or clinical psychologist, or qualified self-referral representative who is actively employed in his or her capacity as a self-referral representative at the time of the initial disclosure, described in paragraph 3, below. Qualified self-referral representatives are limited to the following personnel:

- a. Drug and Alcohol Program Advisor;
- b. Navy Drug and Alcoholism Counselor Intern (SNEC 9522); and
- c. Navy Drug and Alcoholism Counselor (SNEC 9519).

3. Initial Disclosure. Initial disclosures are admissions of previous drug abuse made to a physician or clinical psychologist, or qualified self-referral representative for the sole purpose of obtaining counseling, treatment or rehabilitation under the self-referral program. Immediately after initial disclosure, the physician or clinical psychologist, or qualified self-referral

Enclosure (5)

representative to whom the disclosure is made shall notify the member's commanding officer by letter. See appendix A.

4. Limitations on use of Self-Referral Information. The following information, and information derived directly or indirectly therefrom may NOT be used for disciplinary purposes nor on the issue of characterization of service in separation proceedings, except when used for impeachment or rebuttal in any proceeding in which evidence of drug abuse (or lack thereof) has been first introduced by the member:

a. the fact that a member voluntarily requested counseling, treatment, or rehabilitation under the provisions of paragraph 2 and 3, above;

b. evidence of personal use, or possession of drugs incident to such use, made during the course of self-referral under paragraph 2 and 3, above;

In addition, such information may not be used as a basis for vacation of the suspension of execution of punishment imposed under Article 15, UCMJ, or as a result of court-martial; nor as a basis for vacation of the suspension of an administrative separation under other than honorable conditions. Use of information disclosed to persons other than those identified in paragraph 2, above, is not limited by this provision. Information disclosed in response to official questioning in connection with any investigation or any administrative or disciplinary proceeding is not considered to be information disclosed for the purpose of seeking or obtaining treatment or rehabilitation, and the use of such information is not limited by this provision. See enclosure (10) for limitations on use of information disclosed during counseling, treatment or rehabilitation.

5. Disciplinary and Administrative Action Not Precluded

a. Actions based on independent evidence. Voluntary self-referral for counseling, treatment, or rehabilitation does not exempt a member from disciplinary action or adverse administrative action, and constitutes an incident of drug abuse. Notwithstanding a member's self-referral, appropriate disciplinary or administrative action, including separation under other than honorable conditions, may be taken against the member for drug abuse occurring either before or after self-referral, if based upon independent evidence. "Independent evidence" is evidence not derived, directly or indirectly, from self-referral disclosures or disclosures made during the course of counseling, treatment, or rehabilitation.

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b. Other administrative action. Nothing in this enclosure shall be deemed to preclude commanding officers from administratively processing for separation for drug abuse those members who are medically diagnosed as drug dependent, or who fail to demonstrate exceptional potential for future useful service; or for rehabilitation failure, or both. Separations for drug abuse based solely upon self-referral disclosures and medical diagnosis of the member as drug-dependent, and separations based solely upon rehabilitation failure must be characterized as honorable or general.

6. Confidentiality. Further guidance concerning the confidentiality of disclosed information is contained in enclosure (10).

Sample Notification Letter

COMMANDING OFFICER'S EYES ONLY

From: (Qualified self-referral agent as defined in paragraph 2 of enclosure (5) (include name and facility), physician or clinical psychologist (name and facility), DAPA/NDAC (name and command to which attached)), or CAAC (name and facility)

To: Commanding Officer, _____ (member's commanding officer)

Subj: VOLUNTARY SELF-REFERRAL FOR REHABILITATION

Ref: (a) OPNAVINST 5350.4A

1. Per reference (a), you are hereby notified of the Navy Alcohol and Drug Abuse Program (NADAP) self-referral for rehabilitation of the following member:

Name	Rate/Rank	SSN
------	-----------	-----

2. Self-referral was initiated ____ (date) ____ at (time).

3. Per enclosure (7) to reference (a) and, in consultation with local resource personnel, a Drug and Alcohol Abuse Program Statement shall be prepared for the above member by his/her command, setting forth a specific Drug and Alcohol Abuse Program rehabilitation regimen. It is also a command function to monitor the self-referred individual and facilitate his or her successful regimen completion and return to full duty.

4. (Other comments.)

(Signature of letter originator)

Appendix A to
Enclosure (5)

PREVENTION AND REHABILITATION PROGRAMS

1. Policy Overview

a. The Navy recognizes that drug and alcohol abuse and dependence are preventable and treatable conditions. Commands are responsible for identifying the abuser or dependent person, obtaining a proper dependency evaluation, and ordering the individual into the appropriate level of care whether or not he or she first seeks or volunteers for treatment. Enclosure (7) specifies criteria for various rehabilitation levels. Commands should employ the most cost-effective level that best ensures the member's successful return to full duty while realizing a minimal loss of the individual's skills to the command. Members with exceptional potential for continued useful service, who are alcohol or drug dependent or identified as alcohol or drug abusers, shall receive short term, remedial education, counseling or rehabilitation services commensurate with the evaluated degree of abuse or dependency. In determining whether an individual has exceptional potential for further service, commanders should realize that observed motivational, performance, and conduct deficiencies are symptomatic of abuse or addiction.

b. Drug and alcohol abuse or dependence are effectively addressed in most cases through leadership, discipline, education, outpatient counseling, and residential rehabilitation programs followed by conscientious aftercare. It is a primary function of the treatment program to overcome the individual's denial of a problem and to restore him or her to productive duty with a positive, healthy lifestyle. Discipline, as appropriate, and process for separation drug traffickers and those alcohol and drug abusers who cannot or will not be rehabilitated and restored to useful service. When an individual being processed for separation is diagnosed as alcohol or drug dependent, refer him or her to VA at the time of separation (see enclosure (7)). For information on VA eligibility and referral procedures, the cognizant command should consult COMNAVMILPERSCOM (Attn: NMPC-8).

2. Drug and Alcohol Abuse Program Levels. The Navy provides drug and alcohol abuse programs within the organizational structure as defined in enclosure (2). Commanding officers are responsible for designating the appropriate level of treatment based on CAAC, medical and DAPA recommendations.

a. Level I: Local Command Programs. Navy commands can be highly effective in providing prevention and awareness education to all command personnel and aid to the identified non-dependent drug/alcohol user. The DAPA as primary assistant to the commanding

Enclosure (6)

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officer in drug and alcohol abuse matters coordinates drug and alcohol abuse program elements at the command level. The DAPA's duties and responsibilities are outlined in enclosure (2). The Level I program consists of both prevention and intervention efforts such as those described below:

(1) Prevention efforts include:

(a) ensuring all hands awareness of the consequences of drug/alcohol abuse

(b) urinalysis testing (enclosure (4))

(c) use of drug detector dog teams (enclosure (3))

(d) inspections (paragraph 3c of enclosure (3))

(e) structured awareness education programs
(enclosure (11))

(f) leadership (positive role modeling) at all command levels

(g) NADSAP when available, should be used in a pro-active manner for non-incident personnel.

(2) Intervention efforts include:

(a) discipline (civilian/military)

(b) administrative screening (enclosure (7))

(c) referral of personnel to screening at local CAAC or to other appropriate Navy or civilian programs

(d) disposition determination

(e) medical identification and intervention

(f) NADSAP (when available)

(g) inspections (e.g., urinalysis)

(h) individual evaluations (e.g., fitness for duty and field sobriety test).

b. Level I: NADSAP

(1) NADSAP is a primary element in command prevention and intervention programs. Once begun, attendance at the 36-hour NADSAP program is mandatory; the CAAC/NADSAP director will report attendance to the command. With the exception of individuals attending NADSAP for educational purposes, commands must refer the individual to the nearest CAAC for evaluation, and provide the CAAC evaluation to the NADSAP office. When required by military or civilian court action, NADSAP will provide follow-on correspondence to the courts (e.g., DWI school/Level II or III completion notices, probation requirements, etc.). Commanding officers may order individuals to attend the NADSAP course involuntarily.

(2) The following priority levels govern student admission to ensure the most cost-effective use of NADSAP resources:

(a) Priority I - identified drug or alcohol abusers referred as a part of command Level I intervention or as a result of an incident.

(b) Priority II - junior enlisted personnel referred as part of a command's prevention program.

(c) Priority III - officers and senior petty officers, drug and alcohol program staff, supervisors, and other management personnel to enhance their supervisory/management skills.

(d) Priority IV - individuals who request NADSAP for information or educational credit. These individuals must:

- be a service member, DOD employee or dependent,
- be at least 17 years old, and
- meet the eligibility criteria of the institution granting credit for the program.

c. Level II: Counseling and Assistance Center (CAAC) Programs. This level of counseling and referral is designed for those personnel who may not have been evaluated as drug or alcohol dependent, but whose degree of abuse requires attention beyond the capacity of Level I Programs.

(1) Programs at Level II consist of:

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- (a) clinical screening by qualified screener (CAAC counselor (SNEC 9522 or 9519))
- (b) referral to all program levels and resources
- (c) therapeutic counseling
- (d) outreach assistance
- (e) education.

(2) Referral to Level II. Before entering a member in Level II treatment, the command must schedule the member for a clinical screening/evaluation with a qualified CAAC counselor, psychologist, or physician and a dependency determination by a physician or clinical psychologist. The command shall provide the following information to the CAAC director:

(a) A statement as to the reason for referral (e.g., supervisor observation, etc.) or a copy of the member's pending Drug/Alcohol Abuse Report, if referral is the result of a reportable incident.

(b) Additional documentation of member's drug or alcohol abuse problem, including current professional performance and personal conduct evaluations, as well as service and health records.

(c) Self-appraisal of members drug or alcohol abuse problem, if available.

(3) After the CAAC evaluation, ensure a copy of the CAAC evaluation summary is provided to the physician or clinical psychologist who makes the dependency determinations. A copy of the medical diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders (Third Edition) (DSM-III) or International Criteria for Diagnoses (ICD-9) is required for entry into a Level III program.

(4) Commands will ensure that a member awaiting Level III residential rehabilitation receives Level II treatment. Personnel who show good progress under local CAAC counseling/NADSAP should be reevaluated before transfer with a view toward retention in the CAAC program. If retained at Level II, the command should immediately cancel the request for Level III bed space.

(5) The length of the member's program at Level II is fixed by the CAAC director, subject to concurrence of the member's commanding officer. It normally shall not exceed four weeks for

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newly assigned clients, although CAAC services may be used for longer periods when specified as part of an aftercare program. The CAAC counselor verifies the member's attendance at each counseling session.

d. Level III: Residential Rehabilitation Programs.

Residential rehabilitation is designed for those members who are evaluated and diagnosed as drug or alcohol dependent by a physician or clinical psychologist. The basis for diagnosis should be consistent with DSM-III guidelines. Level III is reserved for career designated personnel or those in whom the Navy has invested considerable training, and possess, in the opinion of their commanding officers, exceptional potential for continued useful service. See enclosure (7) for specific eligibility criteria. Personnel who do not meet the diagnostic criteria for alcohol or drug dependency will not be admitted for treatment at a residential facility. Level III facilities have a licensed professional therapy staff, including a physician and/or clinical psychologist. Residential rehabilitation programs reflect a multidisciplinary therapeutic approach and are normally six weeks long.

(1) Referral to Level III. Once the diagnosis of alcohol dependency is made by a physician or clinical psychologist, commands should contact directly the nearest Level III facility for a bed quota. If the primary diagnosis is drug dependency, contact ARC Miramar. Commands will provide the facility with a copy of the DAAR, if applicable, prior to transfer. If Level III residential rehabilitation is not available within the immediate geographic area of the member's command or if the local residential facility is unable to accept the member within a time frame acceptable to the command, the command should request a bed quota for the active duty member via the Armed Services Medical Regulating Office (ASMRO). The system is used to transport patients to the rehabilitation centers and return them to their duty station or point of origin upon completion of rehabilitation. ASMRO will try to assign the member to the facility which is geographically closest to the parent command. Emergency admissions, as determined only by the rehabilitation facility, may (on a case-by-case basis) bypass ASMRO. Since a waiting list sometimes exists in the ASMRO system, obtain information about the expected waiting time directly from ASMRO via telephone (AUTOVON 576-6161) or message, as appropriate. Procedures for entry into the ASMRO system are as follows:

(a) Commands shall contact the nearest military medical treatment facility (MTF), which will coordinate with ASMRO and the parent command the member's transportation to a treatment facility. Commands shall provide to the MTF as a minimum:

- patient's name, rank, SSN, sex, and branch of service (when applicable)
- identification of parent command
- location of spouse or family member if joint treatment is indicated
- diagnosis, including any significant secondary diagnosis (diagnostic code number is not adequate). Commands shall confirm that the member was screened by a qualified DAPA or CAAC and was diagnosed as dependent by competent medical authority (physician or clinical psychologist).

(b) The MTF shall give the above information to ASMRO along with any supplemental information deemed appropriate.

(c) The MTF shall also provide detoxification and preliminary rehabilitation, if indicated.

(d) When immediate hospitalization is not required, retain the member at the parent command while awaiting notification of Level III bed availability. MTF will assign beds upon notification of bed availability from ASMRO. When ship movements dictate, the parent command will coordinate with the MTF and the nearest naval station for temporary arrangements to ensure the member's availability for transfer to an NAVALREHCEN/ARD on the date indicated by ASMRO. Use Level II facilities and programs pending availability of Level III bed space.

(e) When ASMRO receives the Level III treatment site designation, the MTF shall notify the member's command to effect transfer of the member (TAD-TREAT) to the designated Level III site via the aeromedical evacuation (AEROVAC) system.

(f) A member will usually receive orders to return to his or her present command upon successful completion of rehabilitation. In those rare cases where the parent command is unable to provide adequate aftercare support, the command shall request COMNAVMILPERSCOM to reassign the member. If additional problems are discovered during treatment, the treatment facility may, after notifying the parent command, change a member's status from TAD-TREAT to TEMDU and recommend to COMNAVMILPERSCOM either discharge or reassignment.

3. Aftercare

a. The rehabilitation facility staff shall prepare a written aftercare plan during the terminal phase of the Level II or III program to aid in the client's continuing recovery following completion of the formal counseling/rehabilitation program. See appendix A. Each command is responsible for implementing and actively supporting aftercare programs. There may be some circumstances where operational commitments may force the unit commander to modify the implementation of the aftercare plan. This plan shall be individually tailored to the client's needs and may include, but is not limited to:

- (1) contact with the command DAPA on a periodic basis
- (2) participation in a formalized aftercare group at the Level II facility servicing the command (if available)
- (3) continued disulfiram (Antabuse) therapy for members diagnosed as alcohol dependent and for whom Antabuse is prescribed by a physician
- (4) maintenance of an aftercare urinalysis testing program (see enclosure (4))
- (5) participation in Alcoholics and/or Narcotics Anonymous, if available
- (6) participation in any additional rehabilitative programs, if warranted, based on client needs identified during drug or alcohol abuse rehabilitation, such as marriage or financial counseling, Parents United, or sexual offenders groups
- (7) recommendation for family members' participation in follow-on rehabilitative assistance programs, such as Al-A-Fam, AlAnon, AlaTeen, etc.

b. Residential and nonresidential drug and alcohol abuse counseling/rehabilitation facilities shall provide the written aftercare plan to the client's commanding officer concurrently with the client's completion of the Level II or III program. The commanding officer shall forward a copy of the aftercare plan to the Level II facility servicing the command (if available).

c. Personnel who successfully complete the formal Level II or III program shall remain in the aftercare status for one year if no further documented drug or alcohol incidents occur. During the first year of recovery, a committee composed of the member, the DAPA and/or NAC, and the commanding officer or representative shall evaluate the member's progress quarterly.

d. Nothing in this instruction is intended to deny members treatment solely because they will have less than one year remaining on their current enlistment following completion of residential treatment. Waivers of the one year aftercare program requirement may be requested from COMNAVMILPERSCOM (NMPC-63).

e. Commanding officers shall support the member's efforts in an aftercare program. Normally, the command DAPA will coordinate and monitor the command aftercare program and maintain member's aftercare records. The DAPA can also use collateral duty Aftercare Program Managers, who have graduated from the APM course. Recovering alcoholics and drug abusers are frequently motivated to help other personnel recovering from alcohol and drug abuse. Newly rehabilitated personnel should not fill formal positions in the command alcohol and drug program (such as NAC) prior to having a minimum of two years continuous abstinence.

f. Changes in duty station do not eliminate the requirement for continued aftercare. The losing command shall provide the gaining command a copy of the member's aftercare plan and records.

4. Counseling and Rehabilitation Limitations. A member may be admitted to Level I and II more than once, provided the member's commanding officer evaluates him/her as possessing exceptional potential for further useful naval service and he/she is evaluated by a qualified screener, physician or clinical psychologist. Level III alcohol rehabilitation is normally a one-time opportunity per career. The commanding officer may recommend a second refresher period of residential alcohol rehabilitation for officers and senior petty officers (E-5 and above) in whom the Navy has a significant investment. Any alcohol abuse within one year following residential treatment is normally viewed as a failure to complete an alcoholism treatment program and could lead to processing for administrative separation.

5. Family Rehabilitation. Encourage family participation to the extent feasible in the treatment process. At Level II and III, in particular, family involvement increases the potential for successful outcome. Commanding officers should give priority to meeting family needs and advise personnel being sent to treatment that family participation in the rehabilitation process is highly desired. Lack of participation by family members shall not preclude treatment of the drug or alcohol dependent member.

a. Level II facilities shall afford family members the opportunity for education, counseling and rehabilitation on a space/time available basis. Commands shall assist families, within

the limitations of existing regulations and resources, in accommodating their involvement. Educate the member on the importance of family involvement at the outset of treatment. Additional resources are available through Family Service Centers, Naval Hospitals and CHAMPUS providers.

b. Level III facilities shall afford family members the opportunity for education, counseling and rehabilitation on a space/time available basis. If necessary, family members can use the AEROVAC system on a space available basis for transportation to the treatment site (consult current regulations). Active duty members have first priority, dependents second and retirees third. View the family members' co-dependence, if it exists, as a separate condition for treatment. Within the limitations of existing regulations, commands shall provide co-dependent family member administrative support, assistance with transportation, and accommodations.

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SAMPLE
AFTERCARE TREATMENT PLAN

(NOTE: The Drug and Alcohol Abuse Aftercare Treatment Plan for those personnel completing Level II or III treatment will be recommended by the treatment facility. It may be attached as enclosure (1) to the Drug and Alcohol Abuse Program Completion Statement.)

From:
To:

Subj: AFTERCARE TREATMENT PLAN

Ref: (a) OPNAVINST 5350.4A

1. Per reference (a), you are provided with the following aftercare treatment plan to assist you in your continuing recovery:

- () Meet with the Command Drug and Alcohol Program Advisor (DAPA) on a weekly basis for the aftercare period.
- () Continued disulfiram (Antabuse) therapy for a period of up to one year, if diagnosed as alcohol dependent.
- () Participation in a twelve-step program, if available, three times a week for the duration of the aftercare period.
- () Participation in Al-Anon.
- () Random urinalysis screening, a minimum of four samples per month for two months required for drug abusers and recommended for alcohol abusers.
- () Participation in a formalized aftercare group for two hours per week for four weeks at the Level II facility servicing the command (if available).
- () Continue working on individual problems as documented in the resident treatment record.
- () Medical follow-up, including _____.
- () Participation in formalized aftercare counseling at _____.
- () Participation in (additional support groups as specified)

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() Family member recommendations _____

() Other: _____

() Counseling from _____ concerning
professional performance and growth, including _____

2. Should you have questions concerning your individual aftercare plan, you may contact your counselor by mail or telephone. Assistance is also available through your local Drug and Alcohol Program Advisor (DAPA) and Counseling and Assistance Center (CAAC).

3. A copy of this aftercare treatment plan has been provided to your commanding officer and command DAPA.

X _____

Copy to:

() CO, _____

() DAPA, _____

Acknowledgment:

Date: _____

1. I have read and understand the contents of my personal aftercare treatment plan and do/do not agree.

2. Comments: _____

(Patient Signature)

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GENERAL ADMINISTRATIVE AND DISPOSITION PROCEDURES

1. Policy Overview. Prompt action by commands is essential to rid the Navy of abusers and restore to full duty those willing and able to abstain from further drug or alcohol abuse. After identification of a confirmed abuser, prompt screening will determine whether the member can and should be retained.

2. Enclosure Overview. The following appendixes give guidance for command actions as indicated:

a. Appendix A contains step-by-step screening and disposition procedures covering all enlisted and officer cases except new accessions and students.

b. Appendix B applies to both officer and enlisted new accessions and students in various schools.

c. Appendix C provides additional guidance regarding Naval Reservists.

d. Appendix D covers special requirements for personnel in PRP, Submarine, Nuclear Power, Air Traffic Control and other special programs.

e. Appendix E contains sample documents necessary for program entry and exit.

3. Rehabilitation. This enclosure is concerned primarily with command actions in deciding who should receive treatment and at what level, how to enter the member into treatment, and what to do when he/she completes treatment. Information on Level I, II, and III drug and alcohol programs is contained in enclosure (6).

a. Program Levels. For maximum system efficiency, members must be treated at the lowest level consistent with (1) the degree of affliction, and (2) the impetus required to achieve behavioral turn-around. Careful screening helps the commanding officer assign proper program level. Identified drug or alcohol abusers referred to NADSAP must receive CAAC screening. Level II or III referrals must also be seen by a physician or clinical psychologist for psychological/physical dependency evaluations and to determine need for detoxification. Admission to Level III requires that the individual meet clinical criteria for diagnosis as alcohol or drug dependent.

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b. If, after evaluation by the Level III treatment facility, a member is found not amenable to rehabilitation, the local Personnel Support Detachment (PSD) may alter the member's status from TAD-TREAT to TEMDU. The local PSD normally will process the member for discharge only if the member's command is in a deployed or deploying status. In other cases the rehabilitation facility will return the member to the parent command for separation processing or other appropriate administrative action. See enclosure (1) for the definition of rehabilitation failure.

4. Post-rehabilitation Procedures

a. Upon satisfactory completion of Level II or III rehabilitation, the member's parent command will commence close observation of the member's performance and conduct during the one year aftercare period (see SAMPLE Drug and Alcohol Treatment Completion Statement at appendix E). If the member is transferred prior to completing the aftercare program, the command DAPA shall provide the aftercare plan to the receiving command's DAPA.

b. Drug and alcohol dependent individuals who successfully complete Level III rehabilitation are normally not eligible for reenlistment for the duration of the one year aftercare period. If the member does not have one year of obligated service remaining, his/her command must extend the member as specified in MILPERSMAN 1050150. If no further extension is possible, ask COMNAVMILPERSCOM for a waiver to reenlist any member judged to have exceptional potential for further service. Nothing in this instruction is intended to deny members treatment because they have less than one year remaining in their current enlistment after completing residential treatment.

c. Use procedures in appendix A for any member involved in a subsequent drug or alcohol abuse incident or who suffers a relapse of alcoholism. See matrixes Alpha or Delta at the end of appendix A for rehabilitation eligibility. In the case of members treated for alcoholism, a return to drinking is viewed with concern. Alcohol use in itself is not illegal and an alcohol related incident (see enclosure (1)) committed during the one year aftercare period is necessary to establish rehabilitation failure. The member's refusal to participate in or carry out the aftercare plan also constitutes a rehabilitation failure. Execute a page 13 warning to that effect. Rehabilitation failure may result in processing for administrative separation. If diagnosed alcohol or drug dependent by a physician or clinical psychologist, afford eligible members who request treatment in writing the opportunity for rehabilitation by the Veteran's Administration (see Matrixes Alpha or Delta).

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d. Successful completion of the program by the member may restore eligibility for reinstatement in some special programs (see appendix D).

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DISPOSITION OF NON-ACCESSION OFFICERS AND ENLISTED MEMBERS1. Problem Identification

a. Alcohol Abuse

- Have member promptly evaluated (see paragraph 2).

b. Drug Abuse

- Disqualify drug abuser from PRP, submarine, nuclear power, Air Traffic Control and other special programs; terminate special duty assignment pay, when applicable.
- Document circumstances of confirmed drug use, possession, or trafficking in a special performance evaluation or fitness report as required by NAVMILPERSCOMINST 1616.1A or NAVMILPERSCOMINST 1611.1.
- Have member promptly evaluated (see paragraph 2).

2. Evaluation Steps

a. Task a physician, a clinical psychologist, or a CAAC screener to provide a written evaluation to:

- Determine the nature and extent of abuse. Diagnosis of dependency or non-dependency is a medical procedure made by a physician or clinical psychologist.
- Evaluate member's potential for further useful service from a psychological, clinical, and attitudinal perspective.
- Recommend level of education, counseling or rehabilitation needed, if any.

b. The commanding officer should provide the screener with the member's medical and service records to assist in the evaluation process. Also, give all subsequent summary evaluation comments to the physician or clinical psychologist to help in making a dependency diagnosis (see Enclosure (6) paragraph 2c(2)).

3. CO's Decisions

a. Evaluate all evidence and recommendations

- Medical personnel/CAAC/DAPA
- Department Head, Division Officer, Leading Petty Officer, Chaplain
- Interview the member and the member's family if appropriate and feasible
- Service record

Appendix A to
Enclosure (7)

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- Performance marks
 - Disciplinary history
 - Navy investment in training and experience
- b. Determine eligibility for retention and rehabilitation
- Alcohol incident, consult Matrix Alpha at the end of this enclosure
 - Drug incident, consult Matrix Delta at the end of this enclosure
- c. Findings
- Member has no potential for further service and/or is ineligible for retention (go to paragraph 4a)
 - Member has exceptional potential for further service and is eligible for retention (go to paragraph 4b)

4. Action

a. Process for Separation

- Initiate disciplinary action, as appropriate. If member is administratively processed, an OTH may be granted with or without prior disciplinary action.
- Submit Drug and Alcohol Abuse Report (DAAR) (see enclosure (13)).
- If member was diagnosed drug or alcohol dependent by a physician or clinical psychologist, commanding officer should contact COMNAVMILPERSCOM (NMPC-83) for guidance concerning rehabilitation through VA.
- Initiate separation processing per MILPERSMAN. Ensure the dependency evaluation is included in the case submission.
- Consider Enlisted Bonus/Selective Reenlistment Bonus recoupment under the provisions of Department of Defense Pay Manual paragraph 10942, if applicable.

b. Retain

- Initiate disciplinary action, as appropriate, including formal warning (for enlisted, see sample page 13 warning at appendix E).
- Temporarily suspend alcohol dependent member from PRP, submarine, nuclear, Air Traffic Control and other special programs pending rehabilitation outcome. Terminate special duty assignment pay, as appropriate. See appendix D.

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- Permanently disqualify drug abusers from Nuclear Power and Air Traffic Control programs. Terminate special duty assignment pay, as appropriate. See appendix D.
- Complete other essential administrative actions (e.g., revoke security clearance, if appropriate).
- Decide level of education, counseling, or rehabilitation warranted. Consult Matrix Alpha or Matrix Delta for eligibility and review recommendations obtained in prior Evaluation and Decision steps.
- Submit Drug and Alcohol Abuse Report (DAAR) (see enclosure (13)).
- Issue Drug and Alcohol Abuse Program Entry Statement (see sample at appendix E) ordering the member into the selected program. Member is ordered into the appropriate education, counseling, or rehabilitation program and need not volunteer.
- Consider family participation in the rehabilitation process (see enclosure (6) paragraph 5).

5. Drug and Alcohol Program Entry

a. Level I

- Initiate the regimen ordered in the Program Entry Statement.
- Execute a new Drug and Alcohol Abuse Program regimen if, after assignment to Level I, the member evidences need for Level II counseling.

b. Level II

- Complete all disciplinary and/or administrative actions.
- Initiate the regimen ordered in the Program Entry Statement.

c. Level III

- Complete all disciplinary and/or administrative actions.
- Initiate the regimen ordered in the Program Entry Statement.
- Contact the nearest Level III facility for a bed quota.
- Enter member into a Level II program pending transfer to a Level III facility and reflect this in the Program Entry Statement regimen. If the member responds well in local rehabilitation, retain onboard and cancel Level III quota.

- If the member is medically unfit for strenuous physical activity, explain in the member's medical record.
- Conduct a seabag inspection and ensure the member has civilian clothing appropriate for self help AA meetings in a civilian setting.
- Deliver the member to the departure site with seabag, orders, records (pay, service, medical, and dental and CAAC client file). Double wrap and seal all files and records to prevent tampering, or use express mail or courier for delivery in advance of patient arrival.

6. Drug and Alcohol Program Completion

a. Satisfactory

- Submit a Program Information Form (see enclosure (13)). Commands will only report completion of Level I intervention. Level II and III facilities will report completion respectively.
- Execute a Program Completion Statement (see sample at appendix E) for personnel, including returning or newly reporting members, who have completed Level II or III rehabilitation.
- Commanding officer or executive officer should personally advise a member who is temporarily suspended or disqualified from a special program concerning eligibility for reinstatement and discuss alternative career options. Make appropriate record entry. Drug abusers are permanently disqualified from Air Traffic Control and Nuclear Power Programs.

b. Unsatisfactory

- A member who refuses to participate and cooperate in the rehabilitative or aftercare process or incurs a subsequent incident may be processed for administrative separation.

MATRIX ALPHA - ALCOHOL ABUSE

RETENTION AND REHABILITATION ELIGIBILITY FOR NON-ACCESSION OFFICERS AND ENLISTED MEMBERS

	ALCOHOL DEPENDENT			NOT ALCOHOL DEPENDENT		
	1st Incident	2nd Incident	3rd Incident	1st Incident	2nd Incident	3rd Incident
POTENTIAL FOR FURTHER SERVICE						
NO	PROCESS* (note 1)	PROCESS* (note 1)	PROCESS* (note 1,2)	PROCESS*	PROCESS*	PROCESS*
YES	LEVEL II or LEVEL III	LEVEL II or LEVEL III (note 3)	PROCESS* (NOTE 1,2)	LEVEL I or LEVEL II	LEVEL I or LEVEL II	PROCESS* (note 2)

* PROCESS FOR SEPARATION

NOTES:

1. Offer VA treatment. Contact COMNAVMILSPERSCOM (NMPC-83) for guidance.
2. An individual who incurs a third alcohol incident, whether dependent or not, is considered to have no potential.
3. A second Level III rehabilitation opportunity may be offered to those personnel who are highly motivated and demonstrate exceptional potential for further service. These personnel are usually officers and senior petty officers in whom the Navy has a great investment.

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MATRIX DELTA - DRUG ABUSE

RETENTION AND REHABILITATION ELIGIBILITY FOR NON-ACCESSION OFFICERS AND ENLISTED MEMBERS

POTENTIAL FOR
FURTHER SERVICE

DRUG DEPENDENT

NOT DRUG DEPENDENT

NO

	1st Incident (note 1)	2nd Incident (note 1)
ALL OFFICERS	PROCESS* (note 2)	N/A
ALL E6-E9	PROCESS* (note 2)	N/A
E5 & E4 W/MORE THAN 2YRS ACTIVE SERV	PROCESS* (note 2)	N/A
E4 W/FEWER THAN 2YRS ACTIVE SERV	PROCESS* (note 2)	N/A
E1-E3	PROCESS* (note 2)	N/A

1st Incident (note 1)	2nd Incident (note 1)
PROCESS*	N/A
PROCESS*	N/A
PROCESS*	PROCESS*
PROCESS*	PROCESS*
PROCESS*	PROCESS*

YES

E5 & E4 W/MORE THAN 2YRS ACTIVE SERV	LEVEL III (note 3)	N/A
E4 W/FEWER THAN 2YRS ACTIVE SERV	N/A	N/A
E1-E3	N/A	N/A

LEVEL I or LEVEL II	PROCESS*
LEVEL I or LEVEL II	PROCESS*
LEVEL I or LEVEL II	PROCESS*

* PROCESS FOR SEPARATION

NOTES:

1. Count all of the member's drug incidents on or before 1 November 1985 as a single incident. For administrative and discharge characterization purposes, count incidents in current enlistment only; use prior incidents to assess member's potential for further service and for diagnosis of dependency.
2. Offer VA treatment. Contact COMNAVJILSPERSCOM (NMPC-83) for guidance.
3. Contact NAVALREHCCEN Miramar to arrange quotas for Level III drug treatment for those members eligible.

DISPOSITION OF NEW ACCESSIONS/STUDENTS IN TRAINING

1. General Policy

a. Take disciplinary action prior to separating any member convicted of trafficking, but such action may not be necessary or appropriate prior to processing a new member guilty of simple personal use or possession of illegal drugs.

b. Submit a DAAR as directed in enclosure (13) to document each incident of drug or alcohol abuse.

c. Process for separation any member, who, within 180 days of entry upon active duty is diagnosed as alcohol or drug dependent by a physician or clinical psychologist. The diagnosis itself may exceed the 180 day limit if based upon an incident committed within the 180 day period.

d. Positive results from a urinalysis test conducted within 30 days of entry on active duty are not usable for disciplinary action or to characterize a discharge, but may be used for administrative actions and/or to initiate separation proceedings.

e. Whenever feasible, immediately order the confirmed drug or alcohol abuser into a Level I or II program, as appropriate (see enclosure (6) and appendix A of this enclosure for procedures). If member is being retained and is transferred before completing the prescribed regimen, notify receiving command to assure continuation of the treatment process.

2. Disposition of members identified as drug abusers

a. Candidates for Commission and Officer Students. Discipline as appropriate and process for separation an officer candidate or student in OCS, AOCs, OIS, BOOST, Naval Academy Preparatory School, or midshipman who is identified as a drug abuser through urinalysis or other means. Disenroll and disqualify for commission those with an enlisted status or obligation and treat as an enlisted member for disposition per appendix A.

b. Recruits. All recruits, including NAVETS and OSVETS, shall be individually urinalysis tested, by name, for the full range of drugs, normally within 24 hours of reporting to Recruit Training Command (entrance test). All entrance test samples which screen positive shall be confirmed.

(1) Process for entry level separation any NAVET or OSVET identified as a drug abuser based on a confirmed positive entrance test result for any drug.

(2) Process for entry level separation any recruit identified as a drug abuser based on confirmed positive entrance test results for any drug, other than cannabis.

(3) Retain recruits, except NAVETS/OSVETS, who have confirmed positive entrance test results for cannabis. Document the positive urinalysis as a first drug incident on Page 13 of member's permanent service record (see sample page 13 entry at appendix E). Warn and counsel the member and place him/her on a urinalysis surveillance program. The surveillance regimen will consist of at least one urinalysis test per month for the remainder of the member's assignment(s) within the accession training pipeline, not to exceed 180 days after member's entry on active duty.

(4) Disenroll from the program recruits enlisted into a nuclear power program who are identified as drug abusers based on confirmed positive entrance test results. Process the member as a non-nuclear program recruit per appropriate paragraph above. Any enlisted bonus due shall not be paid until entrance urinalysis test results are received and verified negative.

(5) A second drug abuse incident involving any drug is cause for mandatory separation processing. The type of separation and characterization are dependent upon member's time in service and, if identified through urinalysis, the testing premise. Entry Level Separation (discharge not characterized) is appropriate when the member is within 180 days of entry on active duty and the second positive urinalysis emanates from a fitness for duty test. Accession level surveillance urinalysis is considered fitness for duty testing. If the second positive urinalysis emanates from any other test premise (e.g., random sample, unit sweep, "A" school entrance), process the member for misconduct due to drug abuse using standard administrative board procedures under MILPERSMAN 3630620 regardless of member's time on active duty. Under these circumstances, disciplinary action is authorized and the member may receive a discharge characterized as other than honorable.

c. NAVETS/OSVETS. Process for separation NAVETS/OSVETS who commit a confirmed incident of drug abuse, involving any drug, while in any phase of pre-fleet assignment accession training.

d. Enlisted Students (Non-Accession). Personnel attending "A" school, Apprentice Training school and other entry level rate-training schools are urinalysis tested normally within two weeks after reporting. Disenroll from the school personnel with confirmed positive urinalysis tests for any drug.

(1) For students with prior non-accession service/ (excluding NAVETS/OSVETS) follow the general decision-making guidelines and procedures in appendix A. If member is retained, request Commander, Naval Military Personnel Command (COMNAVMILPERSCOM) to reassign member to a new duty station.

(2) For students reporting directly from Recruit Training, process for separation those who are positive for any drug other than cannabis or have committed a prior drug abuse offense. Retain first-time cannabis abusers, disenroll from the school and request COMNAVMILPERSCOM to reassign the member to a new duty station. Follow the evaluation and screening procedures in appendix A.

3. Alcohol Abuse/Alcoholism

a. Officer Students and Officer Candidates Without Enlisted Status/Obligation. For first incident follow Evaluation and Decision steps in appendix A to determine level of rehabilitation needed. Assign to a Level I or II program as appropriate. If medically determined to be dependent, process for separation via VA. For a second incident disenroll from training program, and reevaluate as for 1st Incident.

b. Enlisted Students and Officer Candidates With Enlisted Status/Obligation. For first incident follow the guidance in appendix A and process those who have no potential for further service as directed in paragraph 1c above. For a second incident repeat the procedure for first incident above, but process as Entry Level Separations all alcohol abusers whose second incident occurs within 180 days of entry on active duty. Disenroll from the training program and process for separation any member who has a third incident.

DISPOSITION OF NAVAL RESERVISTS

1. Policy Overview. Do not retain in the Naval Reserve or release to inactive duty (including Fleet Reserve) any member who evidences a continuing alcohol or drug problem without initiating action to: (1) correct the problem, or (2) permanently separate the member. Eligibility for retention and for Level III residential rehabilitation is essentially the same as for regular Navy personnel. Many of the procedural steps contained in Appendices I, II and IV are of use in administration of reserve as well as active duty programs and should be applied to the extent feasible. Nevertheless there are some fundamental differences. Special considerations are noted below and in BUPERSINST 5400.42F.

2. Disciplinary Action. A member of a reserve component at the time disciplinary action is initiated, who is alleged to have committed a drug offense while on active duty or inactive-duty training, is subject to nonjudicial punishment and court-martial jurisdiction without regard to any change in status between active duty and inactive duty subsequent to commission of the offense. Disciplinary action may not be taken if the member's military status was completely terminated after commission of the offense. See Manual for Courts-Martial, United States, 1984, Rule for Courts-Martial 204. The Manual of the Judge Advocate General should be consulted for the procedures regarding the exercise of nonjudicial punishment authority and court-martial jurisdiction over reserve personnel.

a. Reserve members involved in a confirmed drug abuse incident, including conviction in civilian court, are subject to administrative action and/or processing for separation, as appropriate, even though disciplinary action may not be possible.

b. A positive urinalysis test for marijuana during the first 29 days of a reserve member's continuous active duty may not, by itself, constitute evidence to support disciplinary action. In cases of extremely heavy abuse, the body can store this drug and it may be detected at levels above the DOD established cut-off for up to 30 days. Hence the use of marijuana conceivably could have taken place prior to entry on active duty at a time when the member was not subject to the UCMJ. Take action as appropriate under paragraph 2a above when the use of drugs is confirmed but the member's status under the UCMJ is unclear. See paragraph 12h of enclosure (4) for additional guidance.

c. A member's refusal to participate in an intervention or rehabilitation program constitutes grounds for separation processing.

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3. Rehabilitation. Level I and Level II programs are well suited to meet the needs of reserve members, particularly inactive duty member's whose civilian employment and family obligations do not permit involuntary orders to a Level III facility. Counsel these members to seek treatment through local civilian resources if needed. If eligible, reservists may request Level III rehabilitation per the provisions of BUPERSINST 5400.42F. Reservists on extended active duty are treated the same as regular Navy members to the extent that their date of release to inactive duty, including permissible extension, does not conflict with the provision of treatment.

4. Reports. Always submit a Drug and Alcohol Abuse Report (DAAR) with information copy to CHNAVRES (Code 27) (see enclosure (13)) whether or not the member is subject to the UCMJ at the time of the confirmed incident.

5. Special Assistance. For assistance in handling special cases contact Chief of Naval Reserve (Code 27), 4400 Dauphine St., New Orleans, LA 70146.

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DISPOSITION OF MEMBERS IN PRP, SUBMARINE,
NUCLEAR POWER, AIR TRAFFIC CONTROL AND OTHER SPECIAL PROGRAMS

1. Drug Abuse

a. Nuclear Power and Air Traffic Control Programs. Permanently disqualify confirmed drug abusers. If eligible for retention (follow appendix A guidelines), the member may be returned to full duty and, where feasible, will remain assigned to their force (type). Where such assignment is not feasible, they may be assigned elsewhere in the Navy including to duty in another special program if they otherwise meet the established criteria for that program or specialty.

b. PRP, Submarine and Other Special Programs. Disqualify confirmed drug abusers from these special programs. Disposition procedures are the same as for drug abusers in Nuclear Power and Air Traffic Control Programs except the member may be reinstated in their special program. Program managers will provide criteria and procedures for these members to reenter their respective programs.

(1) The member must have a recommendation from the commanding officer approving reinstatement based on satisfactory completion of treatment and aftercare, as required.

(2) Mandatory urinalysis testing, if directed by the Program Manager, may be a condition for reinstatement.

(3) Restore eligible members to special program billets as soon as possible concurrent with COMNAVMILPERSCOM assignment policy and the needs of the Navy. In the case of PRP, adhere to the provisions of OPNAVINST 5510.162.

c. Law Enforcement/Physical Security Personnel. Permanently remove personnel who are confirmed as drug abusers from these duties.

2. Alcohol Abuse. Personnel assigned to Nuclear Power, Air Traffic Control, PRP, Submarine and Other Special Programs are handled as follows:

a. Dependent. Temporarily suspend member from all special programs pending rehabilitation outcome.

b. Not dependent. Follow appendix A procedures applicable to all Navy members not assigned in a special program.

SAMPLE PAGE 13 ENTRY FOR ENLISTED SERVICE RECORD

(NOTE:

1. The following format is recommended for enlisted members who are being retained and warned per the separation counseling requirements.
2. DO NOT execute this page 13 warning for members being recommended for separation; doing so will require retaining the member until he or she commits a further violation.
3. The member must sign and date the entry. Make a notation, signed and dated by an officer, if the member refuses to sign the entry.
4. Include a brief narrative of the drug or alcohol offense, describing time, place, drug abused, duty status, etc., in paragraph 1 of page 13 entry.
5. A copy of the page 13 entry is an enclosure to the letter of transmittal or included in the commanding officer's comments in a message submission in the event of eventual administrative separation proceedings.)

1. You (are being)(may be) retained in the naval service. However, the following deficiencies in your performance and/or conduct are identified:

2. You are required to take the following corrective action(s):

3. Assistance is available through _____.

4. You are advised that any further deficiencies in your performance and/or conduct may result in disciplinary action and/or in processing for separation. All deficiencies previously cited and/or misconduct during your current enlistment, both before and after the date of this action, will be considered. Subsequent violation(s) of the UCMJ or conduct resulting in civilian conviction could result in an administrative separation under Other Than Honorable conditions.

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5. This counseling/warning entry is made to afford you an opportunity to undertake the required corrective action(s). Any failure to adhere to the guidelines cited above, which is reflected in your future performance and/or conduct, will make you eligible for administrative separation action.

(signed)

(dated)

Witnessed:

SAMPLE PAGE 13 ENTRY FOR ACCESSION LEVEL URINALYSIS POSITIVE

(DATE) : I am advised that I have been identified, through urinalysis testing, to be a drug abuser. I understand, effective this date, that I will be placed on a drug urinalysis surveillance program and tested on a regular basis during the remainder of my assignment(s) in the accession training pipeline not to exceed 180 days from my entry on active duty. I further understand that a second drug abuse incident will result in immediate processing for separation from the naval service.

Member's Signature

Witnessed: _____

SAMPLE
DRUG AND ALCOHOL ABUSE PROGRAM ENTRY STATEMENT
FOR LEVEL I, II, AND III

Date: _____

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: DRUG AND ALCOHOL ABUSE PROGRAM ENTRY STATEMENT

Encl: (1) Drug and Alcohol Abuse Program Regimen

1. This letter certifies that you have been formally evaluated as a drug or alcohol abuser. I believe, however, that you possess exceptional potential for further useful service. To remain eligible for continued service you must participate in the _____ (Level I, II, or III) program regimen specified in enclosure (1). Failure to cooperate in and complete this regimen will constitute grounds for separation processing.

2. You are disqualified from the _____ program. In addition, the following restrictions apply during the period of your disqualification:

3. Permanent disqualification from Nuclear Power programs and Air Traffic Controller assignment is mandatory after a drug abuse incident. You may request lifting of non-permanent restrictions or disqualifications upon completion of your Drug and Alcohol Abuse Program Regimen and meeting the criteria as established by that program's Program Manager.

(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

Appendix E to
Enclosure (7)

E-4

SAMPLE
DRUG AND ALCOHOL ABUSE PROGRAM REGIMEN

(NOTE: Commanding officer check and complete the applicable items.)

(Rank/Rate, First MI Last Name, USN/USNR, SSN) (Date)

1. This _____ (Level I, II, or III) Regimen is in effect for the period _____ to _____.

- a. _____ Command counseling sessions per week for _____ week(s)
- b. _____ Motivational education sessions per week for _____ week(s)
- c. NADSAP (36-hour course)
- d. Disulfiram (Antabuse) therapy (prescription drug for alcohol cases; requires screening by medical officer)
- e. Participate in a 12 step program meeting _____ times per week for _____ weeks.
- f. Surveillance urinalysis _____ times per week for _____ weeks
- g. Other (specify) _____
- h. Non-residential counseling at _____ (facility)
commencing _____ until completion
- i. Residential counseling at _____
commencing _____ until completion

2. For members completing a Level II or III program a follow-on Aftercare Treatment Plan will be specified in an enclosure to the Drug and Alcohol Program Exit Statement.

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SAMPLE
DRUG AND ALCOHOL ABUSE PROGRAM COMPLETION STATEMENT

(NOTE: A Program Completion Statement is not required for members who complete a Level I intervention program.)

From: Commanding Officer, _____
To: _____
(Rank/Rate, First MI Last Name, USN/USNR, SSN)

Subj: DRUG AND ALCOHOL ABUSE PROGRAM COMPLETION STATEMENT

Encl: (1) Aftercare Treatment Plan

1. Congratulations, you have completed the formal treatment phase of your rehabilitation program and are directed to participate for one year from the date of this letter in the aftercare program provided at enclosure (1).

2. Your commitment to this program will help assure good performance, conduct and physical well being. These very important factors will enhance your advancement in the Navy. Good luck!

(Commanding Officer)

Copy to:
Field Service Record (w/o encl)

SAMPLE
AFTERCARE TREATMENT PLAN

(NOTE: The Drug and Alcohol Abuse Aftercare Treatment Plan for those personnel completing Level II or III treatment will be recommended by the treatment facility. It will be attached as enclosure (1) to the Drug and Alcohol Abuse Program Completion Statement.)

From:

To:

Subj: AFTERCARE TREATMENT PLAN

Ref: (a) OPNAVINST 5350.4A

1. Per reference (a), you are provided with the following aftercare treatment plan to assist you in your continuing recovery:

- () Meet with the Command Drug and Alcohol Program Advisor (DAPA) on a weekly basis for the aftercare period.
- () Continued disulfiram (Antabuse) therapy for a period of up to one year if diagnosed as alcohol dependent.
- () Participation in a twelve-step program, if available, three times a week for 180 days.
- () Participation in Al-Anon.
- () Random urinalysis screening, a minimum of four samples per month for two months required for drug abusers and recommended for alcohol abusers.
- () Participation in a formalized aftercare group for two hours per week for four weeks at the Level II facility servicing the command (if available).
- () Continue working on individual problems as documented in the resident treatment record.
- () Medical follow-up, including _____.
- () Participation in formalized aftercare counseling at _____.
- () Participation in (additional support groups as specified) _____.

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- () Family member recommendations _____

() Other: _____

() Counseling from _____ concerning
professional performance and growth, including _____

2. Should you have questions concerning your individual aftercare plan, you may contact your counselor by mail or telephone. Assistance is also available through your local Drug and Alcohol Program Advisor and Counseling and Assistance Center .

3. A copy of this aftercare treatment plan has been provided to your commanding officer and command DAPA. Failure to comply with this aftercare treatment plan may result in administrative separation processing.

X _____

Copy to:

- () CO, _____
() DAPA, _____

Acknowledgment:

Date: _____

1. I have read and understand the contents of my personal aftercare treatment plan and do/do not agree.

2. Comments: _____

(Patient Signature)

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Threat Assessment and Program Evaluation and Analysis

1. Threat Assessment. The Navy Drug and Alcohol Advisory Council (NDAAC) determines the scope of the drug and alcohol abuse problem among Navy members on a local/regional/area basis. They assess existing and potential threats resulting from abuse and drug trafficking and recommend necessary corrective action.

a. Surveys. To assist in threat assessment, the Department of Defense conducts DOD-wide surveys to determine the nature and extent of drug and alcohol abuse among active duty military personnel. Commands as well as individuals who participate are selected randomly to provide a representative sample of the Navy and are asked to cooperate fully in this important endeavor. Periodically, the Navy will also conduct special studies and surveys to identify problem areas, determine trends, and evaluate drug and alcohol abuse programs.

b. Data Collection and Reports

(1) The Alcohol and Drug Management Information Tracking System (ADMITS) is designed to perform overall threat assessment by trend projection and the tracking of individuals identified as drug or alcohol abusers. In addition, ADMITS produces management reports to evaluate the performance of the various drug and alcohol abuse and prevention field activities. ADMITS interfaces with other Navy data systems (e.g. officer and enlisted personnel files) to exchange critical personnel data.

(2) Data inputs to ADMITS include, but are not limited to, rehabilitation statistics; urinalysis, and other identification statistics; and education and training data. The report formats in enclosure (13) constitute a major input to ADMITS.

2. Program Evaluation. Measuring the effectiveness of policies and countermeasures under consideration or newly instituted is essential to program management.

a. Program Standardization and Quality Assurance Team. COMNAVMILPERSCOM, as the overall NADAP sponsor, shall establish and maintain the inspection standard to ensure total program standardization and quality assurance. The second echelon designated Program Standardization and Quality Assurance Team conducts on-site field assessments to evaluate program effectiveness, policy compliance, workload factors, resource adequacy, and progress in conducting preventive education and rehabilitation programs. COMNAVMILPERSCOM provides a member to the second echelon Program Standardization and Quality Assurance Team as required.

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b. Management Information. The data collection and analysis systems are used to identify statistical trends to support policy and procedural changes, assist in evaluating the effect of policies and programs on drug and alcohol abuse levels, and track individuals identified as drug or alcohol abusers. Additionally, this information is provided semiannually to the Office of the Secretary of Defense and the Assistant Secretary of the Navy (M&RA), and periodically to Congressional oversight committees. Information to determine funding and manpower requirements and respond to public, news media, and other intra-Navy and DOD inquiries are included in ADMITS reports to the extent possible.

c. Effectiveness and Evaluation Studies. The Navy shall undertake effectiveness and evaluation studies to determine program applicability for the latest technologies, processes, and methods. Such studies shall have the following objectives:

(1) Clarify aspects of drug and alcohol abuse not fully determined by DOD surveys or other studies

(2) Provide information for use in redesign, planning, and new program development

(3) Pinpoint problems and identify areas of concern requiring study in greater depth, and

(4) Determine the comparative value or degree of success of ongoing drug and alcohol abuse programs and of new program elements.

3. Evaluation and Analysis. The analysis and evaluation branch under the NADAP Director is tasked with supervision of the ADMITS and performance of the following functions:

a. Aid in setting priorities and overall program goals, including resource requirements and justification of budget requests

b. Determine options available to managers to address specific problems, effect improvements, and compare the relative effectiveness of various approaches to prevention, detection, deterrence, education, training, discipline, separation, and rehabilitation, including measures applied to different target groups

c. Respond to internal and external queries and requests for statistical and other information concerning assessment and evaluation

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d. Submit periodic reports required by the Office of the Secretary of the Navy, reference (a), DOD Directive 1010.3 of 23 September 1985, and such other special reports and program analyses which may be called for from time to time

e. Conduct regular evaluations to measure the extent to which education, counseling, rehabilitation, screening, and referral services meet organizational needs, program goals, and objectives

f. Monitor developments in the field, conduct liaison with civilian and other armed forces agencies, and keep Navy program managers informed of useful new advancements, and

g. Ensure qualified representation at other government and civilian agency meetings and conferences pertaining to drug and alcohol abuse research.

Preservice Use of Drugs and Alcohol

1. Policy. Drug and alcohol dependent personnel, current drug and alcohol abusers, and persons whose preservice drug and/or alcohol abuse indicates a tendency to continue abuse shall not enter the Navy. Recruiting procedures shall include positive measures to identify and screen out drug and/or alcohol abusers at the point of application for enlistment, appointment, or commission.

2. Guidelines for Acceptance. Despite preservice drug use or alcohol abuse, many individuals may possess the potential for future productive service. COMNAVCRUITCOM shall establish procedures within the guidelines of reference (a) to grant enlistment eligibility waivers to applicants with a history of drug use or alcohol abuse. Individuals convicted of an alcohol or drug-related offense are processed within the same guidelines developed by COMNAVCRUITCOM for processing applicants with other types of civil convictions. In this regard, however, persons with two or more alcohol-related civil convictions (e.g., DWIs) are not eligible for naval service.

a. Program sponsors may establish special acceptance criteria for programs such as Submarine, Nuclear Power, Air Traffic Controller, etc., provided the special criteria does not violate the general acceptance policy established in reference (a).

b. Admission of preservice drug use does not constitute a drug-related incident (see enclosure (2)). An enlistment eligibility waiver cannot be used to characterize a discharge nor be counted as the first of two drug incidents for mandatory separation.

3. Statement of Understanding. Prior to induction every officer and enlisted accession shall be briefed on, and then sign, the Statement of Understanding (see Appendix A). This Statement describes the Navy's Zero Tolerance of drug and alcohol abuse, urinalysis procedures for detecting drug abuse, and the consequences to an individual if drug abuse is detected after entry. COMNAVCRUITCOM, CNET, and the Superintendent, U. S. Naval Academy shall establish administrative procedures for executing the Statement of Understanding. CNET shall ensure Statements are obtained for individuals reporting to Naval Training Centers who have not previously executed one. Signed Statements of Understanding are filed in the member's service record. Failure to file the Statement does not preclude enforcing Navy drug and alcohol policy. In addition, all enlisted Nuclear Power Program candidates must sign a Nuclear Field Statement of Understanding per NAVMILPERSCOMINST 1306.1A prior to enlistment in the Nuclear Power Program. This Statement of Understanding specifically states that

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continuation in the Nuclear Power Program is denied to any individual identified as a drug abuser, whether the abuse occurred before or after entry into active service. Applications for the Nuclear Power Program by officers, officer candidates, and midshipmen who disclose casual preservice marijuana use are reviewed per OPNAVINST 5355.3A.

4. Post-Enlistment Disclosure of Drug or Alcohol Abuse. Commands will, on a case by case basis, evaluate personnel who admit to preservice drug or alcohol abuse after denying such abuse at the time of entry. Commanding officers may discipline those members, if appropriate, and/or separate for fraudulent enlistment. Personnel who would have met acceptance criteria at induction may be retained with the approval of the appropriate second echelon commander or designated representative. In such cases, forward copies of correspondence to Commander, Naval Military Personnel Command (NMPC-832).

Drug and Alcohol Abuse Statement of Understanding
OPNAV 5350/1 (1-87) SN 0107-LF-053-5505

The Navy is responsible for preventing drug and alcohol abuse by its members and for disciplining those who promote or engage in drug and alcohol abuse. Navy personnel are subject to drug and alcohol testing methods, including urinalysis, to enforce this policy. Authority to obtain your social security number, which will be used for identification and filing, is provided by 5 U.S.C. 301 and Executive Order No. 9397 (NOTAL). Disclosure of your social security number is voluntary. Failure to disclose this information, however, will result in denial of your application.

I, _____ (Full name - first, middle, last)	Initials
understand that:	
1. Service in the United States Navy or Naval Reserve places me in a position of special trust and responsibility.	
2. Drug abuse by members of the United States Navy is against the law; and drug and alcohol abuse, in general, violates Navy standards of behavior and duty performance and will not be tolerated.	
3. The illegal or improper use of alcohol, marijuana and other controlled substances endangers my health and the safety of other Navy men and women.	
4. If I illegally or improperly use or possess alcohol or drugs, including marijuana, appropriate disciplinary and/or administrative action may be taken against me. In the case of drugs, this action may include trial by court-martial or administrative separation from the Navy. Administrative separation for drug abuse or separation in lieu of trial by court-martial could result in an Other Than Honorable discharge. Conviction by a court-martial of a drug related offense may lead to a punitive separation. This can result in a denial of education benefits, home loan assistance, and other benefits administered by the VA. Additionally, a person receiving such a separation or discharge can expect to encounter substantial prejudice in civilian life in situations where the character of separation or discharge received from the Armed Forces may have a bearing.	

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Drug and Alcohol Abuse Statement of Understanding
OPNAV 5350/1 (1-87)

5a. (Officers Pre-commissioning Programs)	Initials
I understand the U.S. Navy's "Zero Tolerance" policy toward drug and alcohol abuse and that I will be screened by urinalysis testing for the presence of marijuana or other illegal drugs within thirty days of reporting for training. I further understand that a single detection of drug abuse after entry will result in disenrollment from an officer program and processing for separation from the Navy.	
b. (Enlisted)	
I understand the Navy's "Zero Tolerance" policy toward drug or alcohol abuse by its members and will take disciplinary action against those who promote or engage in drug abuse. Pertaining to my enlistment into the Navy, I further understand that:	
--The Navy drug urinalysis test can detect the use of illegal drugs, including marijuana, up to 30 days following such use.	
--The drug urinalysis test is given to all personnel within 24 hours of arrival at the Recruit Training Center and at other periodic follow-on times as necessary.	
--If I am a first-time enlistee and am found to have positive test indications of marijuana use while in the accession pipeline, documentation shall be placed in my permanent service record and I will undergo surveillance urinalysis testing at least once per month for the remainder of pre-fleet accession training, not to exceed 180 days. I understand that confirmed entrance urinalysis tests for marijuana are considered a first drug abuse incident. A second drug abuse incident is cause for mandatory separation processing. If I am a NAVET/OSVET and am found to have positive test indications of marijuana use, I shall be processed for separation per enclosure (7) to OPNAVINST 5350.4	
--Any drug urinalysis test showing positive indication of any drug use, other than marijuana, shall be cause for my being processed for separation from the Navy.	

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Drug and Alcohol Abuse Statement of Understanding
OPNAV 5350/1 (1-87)

--Detection of drug abuse may disqualify me from certain occupations or programs for which I enlisted and I may either be reassigned to another program or processed for separation from the Navy at the option of the Navy.

CERTIFICATION

I have read and fully understand all the information contained on this form.

Typed/print name _____ Grade/Rank _____ SSN _____
(Last, First, Middle) (if applicable)

Signature _____ Date _____

Certifying official and witness: I certify the above individual signed this certificate in my presence.

Typed/print name and title of official certifying _____

Signature _____ Date _____

Typed/print name and title of witness _____

Signature _____ Date _____

Remarks:

Confidentiality

1. General. The commanding officer of a member involved in a Navy or DOD drug or alcohol abuse program has access to all confidential information disclosed by that member. Commanding officer's access should, however, be predicated on specific command related issues involving a specific individual. This access right can not be delegated below the level of executive officer and is subject to the limitations on disciplinary and administrative action contained in this enclosure. A member has a privilege to refuse to disclose and to prevent another from disclosing a confidential communication by that member to a chaplain or to a chaplain's assistant, if such communication is made either as a formal act of religion or as a matter of conscience. See Military Rule of Evidence 503. Communications to an attorney or his representative, made for the purpose of obtaining legal service, are confidential and shall not be disclosed. See Military Rule of Evidence 502. The development of trust and confidence is an integral part of any screening and treatment process. Members must feel confident that the information they disclose regarding their alcohol and drug involvement will be used to help resolve their particular situation. Drug and alcohol abuse personnel likewise must feel confident that the alcohol and drug information they receive and document, which they may be called upon to reveal to others, will be used to make sound decisions regarding the abusing member's future relationship to the Navy.

2. Confidential Disclosures. Information disclosed in the following circumstances is considered confidential. Confidential disclosures and any evidence derived therefrom either directly or indirectly, may not be used against the member in any disciplinary action under the UCMJ or as the basis for characterizing a discharge, provided that the information is disclosed by the member in response to inquiries from authorized screening personnel or for the express purpose of seeking or obtaining counseling, treatment, or rehabilitation.

a. Disclosures made by a member to authorized drug or alcohol abuse screening, counseling, treatment, or rehabilitation personnel relating to the member's past drug or alcohol abuse, or drug possession incident to that use.

b. Disclosures made at Alcoholics Anonymous or Narcotics Anonymous meetings or while attending NADSAP classes.

3. Disclosures Not Confidential. Information disclosed in the following circumstances is not confidential.

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a. Information disclosed after official questioning in connection with any investigation or any administrative or disciplinary proceeding.

b. Information which discloses a past crime or illegal act, other than drug or alcohol abuse, or an incident which places the command or any of its members in jeopardy is not confidential and will be transmitted immediately to the commanding officer.

c. Information which discloses that any crime or illegal act is about to take place. This information should be immediately transmitted to the commanding officer (and potential victim, if any).

d. Information disclosed to persons other than those specified in paragraph 2.

4. Records of the identity, diagnosis, prognosis, or treatment of any member who has sought or received counseling, treatment, or rehabilitation in any Navy drug or alcohol abuse counseling, treatment, or rehabilitation program which are maintained in connection with such program may not be introduced against the member in a court-martial except as authorized by a court order issued under the standards set forth in 42 U.S.C. 290dd-3 or 42 U.S.C. 290ee-3, or for rebuttal or impeachment purposes where evidence of drug or alcohol abuse (or lack thereof) has first been introduced by the member.

5. Situations Not Considered Disclosure Of Confidential Information

a. In a bona fide medical emergency in which the member is incapacitated, information needed for diagnosis and emergency treatment may be released without consent.

b. Communications among staff members within a program and communication between a program and a "qualified service organization" (a provider of a service to a program which has agreed in writing that it is bound by the Federal confidentiality regulations).

c. Information which contains no patient-identifying data.

6. Use Of Confidential Information. Commanding officers who obtain alcohol or drug abuse information on members in their command from authorized personnel (e.g., counselors, medical officers, etc.) may use this information only for administrative action and for determining the member's potential for further

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useful service. Drug or alcohol involvement revealed in such disclosures shall not be considered additional incidents as defined in enclosure (1). This does not preclude the use of disclosed information as evidence for impeachment or rebuttal purposes in any proceeding in which drug or alcohol abuse (or lack thereof) has first been introduced by the member. The use of information disclosed by a member to persons other than alcohol or drug abuse program personnel is not limited under this paragraph. Similarly, the use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding shall not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not limited under this paragraph.

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Education

1. Policy. The goal of this policy is to ensure that appropriate alcohol and drug abuse education is provided at all levels to foster proper attitudes and behaviors that reduce or eliminate drug abuse and alcohol misuse and ensure compliance with the Navy attitude of "Zero Tolerance." To meet that goal, naval personnel will receive drug and alcohol education appropriate to their time in service and responsibilities. All members will be educated on Navy drug and alcohol abuse policies and programs, the basic actions and dangers of licit and illicit drugs, the disease of alcoholism and alternatives to abuse.

2. Responsibilities

a. COMNAVMILPERSCOM will develop, establish and maintain all Navy education requirements and objectives concerning drug and alcohol abuse with assistance from Chief of Naval Education and Training (CNET).

b. CNET will provide enlisted recruit, "A" school and apprentice school education programs in drug and alcohol abuse; drug and alcohol education to all officer candidates, midshipmen (except U.S. Naval Academy midshipmen) and officers in prefleet assignment or entry programs; include drug and alcohol abuse curricula in General Military Training (GMT) and Leadership and Management Education and Training Program (LMET).

c. The U.S. Naval Academy shall incorporate appropriate drug and alcohol abuse education into their standard curriculum under the cognizance of the Chief of Naval Operations (CNO).

d. Unit commanders, commanding officers and officers-in-charge will ensure all assigned personnel receive appropriate refresher education at least every two years.

e. COMNAVMILPERSCOM (NMPC-63) is Course Content Authority (CCA) for all drug and alcohol education programs and will develop and maintain or review all drug and alcohol abuse education curricula required to implement this instruction.

f. Fleet elements originating drug and alcohol abuse education for any audience will submit the curricula or lesson plans to COMNAVMILPERSCOM (NMPC-63) for review.

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3. Education Requirements. There are several types of drug and alcohol education in the Navy system. Career sequenced education is provided at four major points: accession level for all new enlisted and officers; refresher education every two years for all enlisted personnel through the GMT system; supervisory education; and command or leadership education. In addition to career sequenced education, there are programs for special populations, such as family education and awareness education for incident referred individuals or volunteers through NADSAP.

a. Accession Level Education

(1) CNET, with the assistance of COMNAVMILPERSCOM (NMPC-63), shall coordinate drug and alcohol education delivered at accession points.

(2) The basic requirement for drug and alcohol education for officer and enlisted accessions and pre-fleet trainees is a thorough understanding of Navy policy on drug and alcohol abuse. In addition, the following requirements will be stressed. Each individual will be expected to:

- demonstrate behavior that is indicative of the standards and discipline required by the Navy;
- present oneself as a credible role model to peers;
- participate in healthy alternatives to alcohol misuse and the abuse of other drugs;
- demonstrate a knowledge of the Navy's alcohol and drug policy and programs.

(3) The education for cadets, midshipmen and other officer and warrant officer candidates shall be completed before commissioning or within 90 days after entry on active duty. In addition to the requirements in (2) above, this education will emphasize the responsibilities of junior leaders in drug and alcohol abuse prevention efforts.

b. Unit Level Refresher Education

(1) CNET, with the assistance of COMNAVMILPERSCOM (NMPC-63) will coordinate unit level refresher education through the GMT system.

(2) Commands shall provide refresher education through the GMT system at least every two years for all personnel.

(3) Content for junior enlisted (E-1 through E-4) education shall include:

- (a) Reiteration of "Zero Tolerance" attitude.
- (b) Physical and psychological consequences of drug and alcohol abuse plus a look at reasons for use and abuse of drugs and alcohol.
- (c) Legal and career consequences of drug abuse and alcohol misuse.
- (d) Knowledge of disease of alcoholism and availability and acceptance of treatment without stigma.
- (e) Availability of Navy's counseling/rehabilitation programs and other assistance available through the command structure.
- (f) Knowledge of local drug and alcohol laws.
- (g) Individual's accountability for his or her actions and impact on peers in creating atmosphere of "Zero Tolerance."
- (h) Awareness of positive alternatives available at local commands.

(4) Content for supervisory personnel, officers, senior petty officers (E-5 through E-9) shall, in addition to the above, also emphasize:

- (a) Navy policies and programs on alcohol and drug abuse.
- (b) The role of the Navy leadership in drug and alcohol abuse prevention and control.
- (c) Methods of detection, deterrence and early identification of drug and alcohol abusers.
- (d) Intervention techniques and referral procedures.
- (e) Navy rehabilitation and aftercare programs.
- (f) The scope of local drug and alcohol abuse problems and their impact on command mission and military discipline.

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(g) Local military and civilian rehabilitation and prevention resources.

(h) The role of the supervisor in the enforcement of the Uniform Code of Military Justice and in detection and deterrence procedures.

(i) The variety of positive alternatives to drug and alcohol abuse available at local installations and nearby communities.

(j) The supervisor as a positive role model.

(k) Military supervisors of civilian personnel must also be educated in drug and alcohol policies and procedures affecting civilian personnel.

(5) The content listed above for supervisors is covered in the first line supervisor's version of the Alcohol and Drug Abuse Management Seminar (ADAMS) course.

(6) Commanding officers, staff officers and other managers who perform in leadership roles need to be familiar with Navy drug and alcohol abuse policies and programs. Drug and alcohol abuse as a contemporary issue for leaders will be addressed throughout the Navy member's career as part of professional military education. Executive officers and Command Master Chiefs must attend the management version of the one day ADAMS course or the 36 hour NADSAP course.

(7) The 36 hour NADSAP course provides both primary and secondary prevention education. In addition to drug and alcohol information, NADSAP explores the development of basic social skills to aid the individual in resisting drug and alcohol abuse behaviors. It is particularly suited to the junior enlisted population. Attendance in NADSAP is prescribed as secondary prevention for individuals directed to a Level I program because of a drug or alcohol incident. (See enclosure (6)). Volunteers may also attend NADSAP for purposes of primary prevention.

(8) There are also special populations for whom specific education may be designed on a one-time or continuing basis. Education for family members, education for adult children of alcoholics who may be at high risk for the development of the disease of alcoholism, intervention workshops for commanding officers and executive officers (CO/XO), wives, etc., may be developed and offered to aid the overall prevention effort. COMNAVMILPERSCOM (NMPC-63) is the point of contact for information about these education courses.

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Training

1. Policy. Appropriate training (defined as "the teaching of job skills and knowledge") will be provided for military and civilian personnel filling Navy Alcohol and Drug Program (NADAP) billets or collateral duties. Also, physicians and clinical psychologists who are responsible for diagnosing alcoholism and drug addiction will receive appropriate training in diagnosis. Other medical professionals who are in a position to identify individuals with drug or alcohol problems will receive appropriate intervention skills training.

2. Responsibilities

a. Training of military and civilian personnel to fill NADAP billets is under the cognizance Commander, Naval Military Personnel Command (NMPC-63) assisted by Chief of Naval Education and Training (CNET).

b. CNET will provide training for Drug and Alcohol Program Advisors (DAPA's).

c. Commander, Naval Medical Command (COMNAVMEDCOM) is responsible for the drug and alcohol training of all medical professionals.

d. The Chief of Chaplains (CHC) will implement training programs for Chaplain Corps to enhance their capability to identify drug and alcohol abusers and counsel Navy members and dependents with regard to drug and alcohol abuse.

e. COMNAVMILPERSCOM (NMPC-63) is Course Content Authority (CCA) for all drug and alcohol training programs and will develop and maintain or review the curricula and lesson plans for all drug and alcohol related training required to implement this instruction.

f. Line commanders are responsible for assuring that NADAP personnel receive training and continuing education required to do their jobs.

g. Fleet elements originating drug and alcohol abuse training programs for any audience will submit the curricula or lesson plans to NMPC-63 for review.

h. Navy Drug and Alcohol Counselors (NDAC's) and NDAC interns are responsible for pursuing the training and education required for certification.

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3. Training Requirements. Training will be tailored to meet NADAP job requirements for management and operational staff. Besides initial training, NADAP personnel need to be given the opportunity for continuing education and training to maintain and enhance their competencies and to keep up with the growing knowledge in the drug and alcohol abuse prevention and treatment fields.

a. Program Management Training. NMPC-63 will direct the training of program managers. There are no specific training courses for program managers at the OP-15/COMNAVMILPERSCOM level or for field activity managers, Commanding Officers of Naval Alcohol Rehabilitation Centers (NAVALREHCEN's) or other program administrators. Training will be based on the needs of the individuals involved and can be accomplished by briefings, directed readings and participation in appropriate civilian or military courses. The two week Alcoholism Orientation for Health Care Providers Course is a good introduction to the field of treatment for individuals with little or no background in drug and alcohol treatment. Officer or enlisted managers at the level of Alcohol and Drug Control Offices (ADCO's) are trained in a similar fashion. NMPC-63 offers an annual program manager's conference which is appropriate for all program management personnel.

b. Counseling and Assistance Center (CAAC) Directors. Initial training for all CAAC directors is conducted at the Navy Drug and Alcohol Counselor School at NAS Miramar, San Diego, California. CAAC directors will attend the Management Track of the NDAC course as a prerequisite for assignment. Additional follow-on training from civilian or military courses should meet specific CAAC director needs. For example, seminars on health care facility quality control or health care facility management are appropriate. NMPC-63 will host annual CAAC conferences which provide significant follow-on training for CAAC directors.

c. Navy Drug and Alcohol Counselor Training. The 10 week Navy Drug and Alcohol Counselor course provides initial training for Navy Drug and Alcohol Counselors. Upon successful completion of the course, Navy enlisted graduates are awarded NEC 9522, Navy Drug and Alcohol Counselor Intern. Interns are assigned to a one year supervised internship in either a CAAC, NAVALREHCEN or Alcohol Rehabilitation Department (ARD). Following completion of the internship and successful completion of a written certification examination, interns are awarded NEC 9519, Navy Drug and Alcohol Counselor. (Detailed training requirements for Navy Drug and Alcohol Counselors, including curriculum specifications and internship requirements, are included in COMNAVMILPERSCOMINST 5350.1.)

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d. Drug and Alcohol Program Advisor (DAPA) Training. Individuals who serve as either full-time or collateral duty DAPA's must complete the Drug and Alcohol Program Advisor course within 90 days of assignment. CNET will coordinate DAPA training which is available at approximately 10 worldwide sites. Most of the training sites are Service Schools. Several sites are CAAC's. On occasion, mobile training teams are used for DAPA training at remote sites. The course is managed through the Service School in San Diego. Refer to the Catalog of Navy Training (CANTRAC) for course details.

e. Aftercare Program Management (APM) Training. Individuals who will serve in collateral duty positions managing command aftercare programs must first complete the two week APM course. The training is also highly recommended for DAPA's who are responsible for coordinating their command's aftercare program. APM is also recommended as an introductory course to individuals interested in the field of alcoholism treatment since it covers many basic concepts. As such, it can also be used as a prerequisite for NDAC School for individuals with very little knowledge of alcoholism. The course is offered at several sites and is managed by the Training Department at NAVALREHCEN Miramar.

f. Health Care Providers (HCP) and Other Professional Training. Professional training on alcoholism will be part of the basic curriculum for medical and other professionals (chaplains, lawyers, etc.) who will deal with drug and alcohol problems. These professionals must be familiar with the disease concept of alcoholism and the Navy treatment system. One course, the two week Alcoholism Orientation for Health Care Providers (HCP) is designed specifically to meet the needs of physicians and other medical professionals who must identify and diagnose alcoholism. The course provides a broad overview of alcoholism treatment as well as looking at diagnostic requirements, intervention procedures and the Navy treatment system. As such, the course is also highly suitable for other professionals, such as chaplains, lawyers, etc., who will come into contact with drug and alcohol problems. The course is offered at several NAVALREHCEN's and ARD's and is managed by the Training Department at NAVALREHCEN Norfolk.

g. Continuing Education for Professionals. The drug and alcohol field is dynamic. In order to keep up with developments, professionals in the field are encouraged to attend civilian short courses, seminars, summer schools and conferences related to drug and alcohol problems. COMNAVMILPERSCOM (NMPC-63) will maintain information on available and credible civilian drug and alcohol training and education. Also, certified counselors are required to maintain their continuing education. This is often done through preceptorship contracts with professional counselors or

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professional training organizations. (See again COMNAVMILPERSCOMINST 5350.1).

h. Training Management. NMPC-63 has the overall responsibility for the management of Navy drug and alcohol training and will review all courses and lesson plans pertaining to drugs and alcohol. Day-to-day course management, training development and course maintenance of drug and alcohol courses will occur at the training site. NMPC-63 will appoint course managers, who will be responsible for course development and maintenance, for multi-sited training courses. (The DAPA course which is coordinated by CNET is managed through the DAPA Course Curriculum Model Manager (CCMM) located at Service Schools Command, San Diego.) As part of their overall course management, NMPC-63 will annually publish NAVMILPERSCOMNOTE 5355, Scheduling of Alcohol and Drug Abuse Training Courses. This notice will describe the purpose, length, time, site and prerequisites for the major drug and alcohol courses including APM, NDAC, DAPA, ADAMS and HCP.

i. Training Development. NMPC-63 has the primary responsibility for developing new training courses for NADAP. Courses will be established when there is an identified need such as the development of training for prevention specialists, self-study modules for continuing NDAC training, etc. Developmental activities will be announced through NAVMILPERSCOMNOTE 5355 or through periodic NMPC-63 Drug and Alcohol Advisories. Many drug and alcohol courses are developed outside NMPC-63 based on local needs or organizational needs. For example, Navy Recreational Services has developed a course for servers and other staff members in Navy Clubs and Messes called "Encouraging Responsible Use of Alcohol." The development of such courses to meet local or organizational needs is encouraged as long as NMPC-63 retains its review function and acts as a "clearinghouse." As such, it can eliminate duplication of effort and assure that all training and education meets the policy requirements of this instruction.

REPORTS

This enclosure provides the format for the Navy-wide submission of reports required to manage the Navy Alcohol and Drug Abuse Program (NADAP):

1. The DRUG AND ALCOHOL ABUSE REPORT (DAAR) (Appendix A) is submitted to document confirmed alcohol and drug abuse incidents as defined in enclosure (1). OPNAV Report Symbol 5350-2 applies. In addition to reporting the facts and disposition in a given case, the DAAR documents the commanding officer's intentions and recommendations. The commanding officer's determination of the member's potential for further useful service is critical to the disposition of the abuser and must be supportable. See instructions and sample DAAR at appendix A. Submit a DAAR after all evaluations are completed and command disciplinary action, if any, decided upon. The information provided by the DAAR is input into the Navy's Alcohol and Drug Abuse Management Information Tracking System (ADMITS) computer database, a branch of COMNAVMILPERSCOM (NMPC-63), for use by the Program Manager to:

- a. Document incidents in a standard Navy-wide format.
- b. Identify individual abusers.
- c. Document abuse demographic data.
- d. Document recommendations regarding: dependency; amenability to counseling, education and rehabilitation; disposition of offenders; PRP assignment; clearance eligibility; etc.
- e. Track and identify repeat offenders.
- f. Maintain a Navy-wide data-base of abusers as they transfer from command to command during their career.
- g. Provide statistical information to assess and report local, regional and Navy-wide prevalence of drug and alcohol abuse.
- h. Provide statistical data to review and assess the success/cost effectiveness of program elements, i.e., prevention, rehabilitation, detection and deterrence, etc.
- i. Reply to Congressional, Department of Defense, Secretary of the Navy, etc., queries.

2. The DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT (DAASAR) (Appendix B) gathers data required by the Department of Defense (DOD) to assess the scope of the drug and alcohol abuse problem

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among the military services and program effectiveness. The Report of Urinalysis Testing required by DOD Directive 1010.3 of 23 September 1985 (NOTAL) is modified and incorporated into the DAASAR. To effectively monitor portable urinalysis kit use and results (Part A), provide results of samples originally screened by this method separately from the data reporting samples sent directly to NDSLs (Part B). Also reported are the number of personnel trained or educated about drug/alcohol abuse (Part C) and the Drug and Alcohol Abuse Disposition and Law Enforcement (Part D). Ships and stations must submit original (action copy) DAASAR via the chain of command. Negative reports are required. Commands should submit info copies of their DAASAR to local Navy Drug and Alcohol Advisory Councils (NDAAC) for the quarterly NDAAC report. Second echelon commanders will compile and submit DAASARs to COMNAVMILPERSCOM (NMPC-63) no later than 45 days after the end of the reporting period.

3. The CRIMINAL ACTIVITY, DISCIPLINARY INFRACTIONS AND COURTS-MARTIAL REPORT FOR NAVAL PERSONNEL, Drug Offense Addendum data and related feeder data as may be required by DOD shall be provided semi-annually by the Judge Advocate General of the Navy to COMNAVMILPERSCOM (NMPC-63) no later than 45 days past the end of the reporting period. Report Control Symbol JAG 5800-4A applies.

4. The NAVY DRUG AND ALCOHOL ADVISORY COUNCIL (NDAAC) REPORT is designed to gather information concerning area/regional drug and alcohol abuse. The council chairperson will retain the drug/alcohol abuse threat assessment on file locally for review during IG inspections. The report shall include:

- a. Narrative summary of council minutes.
- b. Assessment of drug and alcohol abuse countermeasures including:
 - (1) Drug and alcohol abuse identification statistics
 - (2) Alcohol deglamorization
 - (3) DWI/DUI counteroffensive
 - (4) Drug and alcohol education statistics
 - (5) Drug Detection Dog use and finds
 - (6) Drug prevalency
 - (7) Urinalysis testing

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(8) Legal statistics.

c. Overall threat assessment for area/region. A comparative analysis of threat assessment information is necessary to establish overall trends and should be included in this report.

5. The PROGRAM INFORMATION FORM - ALCOHOL AND DRUG MANAGEMENT INFORMATION TRACKING SYSTEM (ADMITS), (Appendix C) is a dual purpose form used by both commands and treatment facilities to provide information to ADMITS. When used by commands, only the top half is filled out. The ADMITS Form allows commands to report the completion of Level I intervention by a member of their own command. Level I intervention is that action initiated and monitored by commands. Treatment facilities will use the ADMITS Form to report treatment completion by a member assigned to Level II or III program.

6. The NAVY ALCOHOL AND DRUG ABUSE SAFETY ACTION PROGRAM REPORT (NADSAP), (Appendix D) is provided semi-annually by Commanding Officer, NAVALREHCEN, Miramar, to COMNAVMILPERSCOM (NMPC-63), with information copy to appropriate second and third echelon commanders, no later than 45 days past the end of the reporting period. The NADSAP report gathers data to satisfy DOD reporting requirements on the number of individuals entering the program.

7. The COUNSELING AND ASSISTANCE CENTER (CAAC) OPERATIONS REPORT (NAVPERS 15514A) is provided quarterly to the respective TYCOM with copies to the appropriate CINC, NAVALREHCEN Miramar, and COMNAVMILPERSCOM (NMPC-63) no later than 15 days past the end of the reporting quarter. Trained counselors (9519 or 9522) who conduct a screening/counseling program outside a designated CAAC are also required to submit a quarterly report through their chain of command. The CAAC report gathers information required by third and second echelon commanders to assess work loads, center efficiency, staffing requirements, and local area needs for CAAC/NADSAP services.

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FORMAT FOR REPORT ON THE NAVY ALCOHOL AND DRUG SAFETY
ACTION PROGRAM REPORT (RCS DD-HA(Q)1587)

1. Military Service:
2. Reporting period: [] [] Fiscal Year [] Oct - Mar
[] Apr - Sep
3. Type of report (check one): [] Drug Abuse [] Alcohol abuse
4. Awareness Education: Male Female
Number of individuals:
 - a. Carry-overs:
 - b. Total new cases:
 - (1) Pay Grade
 - (a) E1-E5
 - (b) E6-E9
 - (c) W1-W4
 - (d) O1-O3
 - (e) O4 and above
 - (2) Referral Source:
 - (a) Command or supervisor
 - (b) Self-referral
 - (c) Urinalysis
 - (d) Medical
 - (e) Law Enforcement
 - (f) Other Program
 - c. Returned to duty:
 - (1) Completed Program
 - (2) Did not complete
 - d. Separated from Service:
 - (1) Completed Program
 - (2) Did not complete
5. Name of individual preparing report (last, first, MI):
Telephone number (include area code):
Date submitted (YYMMDD):

Appendix D to
Enclosure (13)

DRUG AND ALCOHOL ABUSE REPORT (DAAR) OPNAV 5350-2

1. Background

a. The automated machine readable DAAR was developed by COMNAVMILPERSCOM (NMPC-63) to replace previous message, letter and speedletter formats. Correspondence and telephone calls received from the field and the needs of the program manager necessitated a format that would:

(1) be easier to read and understand by those not familiar with the report (i.e., commanding officers, selection boards, etc.);

(2) be easier to fill-out and lessen the chance of error by the command DAPA;

(3) reduce the number of manhours spent by COMNAVMILPERSCOM personnel to manually screen for incorrect or missing data elements;

(4) reduce the possibility of typographical errors by clerical personnel and key-punch operators.

b. Information on the front of the form is required by ADMITS and is machine readable. The reverse side of the form is non-machine readable and is designed to provide additional information useful to second and third echelon commanders.

c. Both alcohol and drug related DAARs are maintained in ADMITS for tracking and statistical purposes. Alcohol related DAARs are not filed in the permanent service record at COMNAVMILPERSCOM. A copy of drug related DAARs are filed in the member's permanent service record and may result in the Petty Officer Quality Review Board (NMPC-831) issuing a letter of substandard service for petty officers E5 and above. The DAPA retains command file of all DAARs.

2. General Requirements

a. The DAPA completes the DAAR for the commanding officer's signature.

b. Submit a report for all confirmed drug and alcohol abuse incidents as defined under "incidents" in enclosure (1).

c. Report all unrelated incidents separately.

d. Identify individual by rate at time of incident. If the individual was reduced in rate as a result of this incident, so state in the "comments section", block 32.

e. Avoid any comments in blocks 32 or 33 that would cause a DAAR to be classified (i.e., ship's movement, etc.).

f. The DAAR is not designed for requesting separation, change of rate, program disqualifications, waivers, etc. Request these actions by separate correspondence to the appropriate office within COMNAVMILPERSCOM.

g. Do not submit a DAAR when it is determined that the individual was under medication prescribed by authorized medical personnel.

h. Do not use the DAAR to report abuse while under the Delayed Entry Program (DEP).

i. Do not submit a DAAR for surveillance test positives which do not indicate another incident (see enclosure (4)).

3. Submission Time Frames

a. Submit a DAAR after all evaluations are completed and command disciplinary actions, if any, decided upon. The following time frames apply:

(1) Within 30 days after receiving confirmed urinalysis test results.

(2) Within 30 days after civilian arrest or military apprehension for DUI/DWI unless appealed under the provisions of DoD Directive 1010.7 of 10 August 1983 (NOTAL)

(3) Within 30 days for all other drug related or alcohol induced incidents.

b. Submit the DAAR within the designated time frame and indicate "unknown", "not determined" or "not available" where appropriate when command action is delayed or incomplete. Submit an amendment when this information becomes available.

4. Amendments

a. An amendment updates an initial DAAR, the initial DAAR is cancelled in the ADMITS database and replaced by the amended DAAR.

b. Amend blocks 2 through 28 by submitting a new DAAR filled out in its entirety with changes only to the following blocks:

- (1) Block 6 to indicate "amendment";
- (2) Block 8 to indicate current date;
- (3) Block(s) requiring update.

For example, a physician or clinical psychologist was not previously available to verify drug or alcohol dependency. The medical officer's evaluation section, blocks 19 through 22 were marked "not available", "unknown/not determined", "not determined", and "not determined" respectively on the initial report and the report submitted to meet the reporting time frame. Subsequently, a physician determines that the member is "dependent." A new DAAR form would be submitted changing only: Block 6 (Type Action) to indicate amendment; Block 8 (Date Submitted) to show current date; and Blocks 19-22 (Medical Officer's Evaluation).

c. In those rare instances where an amendment to blocks 29 through 33 is necessary, the following guidelines apply:

(1) Submit amendments to blocks 29 through 33 for drug related DAARs by letter or speedletter addressed to COMNAVMILPERSCOM (NMPC-6336) with copies to the chain of command as appropriate. Mail the original letter or speedletter to the ADMITS Processing Office. ADMITS will ensure that the amendment is placed in the member's permanent service record adjacent to the initial DAAR.

(2) Submit amendments to blocks 29 through 33 for alcohol related DAARs via letter or speedletter to the chain of command as appropriate. Do not mail a copy of alcohol related DAARs to either COMNAVMILPERSCOM or the ADMITS Processing Office for the following reasons:

(a) Amendments to alcohol related DAARs are not documented in the member's permanent service record at COMNAVMILPERSCOM, and;

(b) Blocks 29 through 35 are not machine readable by the ADMITS scanner.

5. Changes. Change to block 1, incorrect Social Security number, requires a cancellation DAAR as outlined in paragraph 6 below, and the resubmission of a new initial DAAR.

6. Cancellations

a. A cancellation DAAR is required to identify a drug related DAAR for removal from the permanent microfiche service record, and ensure both drug and alcohol related DAARs are removed from the ADMITS database.

b. To cancel a DAAR, submit a new DAAR with blocks 1 through 28 identical in every aspect to the "initial" DAAR, except for block 6 indicating "cancellation" and block 8 which will indicate the "current date."

c. Complete only the following blocks on the reverse of the form:

(1) Block 29 - Complete mailing address;

(2) Block 32 - Comments: Provide brief justification for cancellation (i.e., incorrect SSN; member found not guilty by SPCM; determined abuse did not occur due to administrative error, etc.).

Note: Do not request DAAR cancellation as a reward for good behavior, promised good behavior, nor if DUI/DWI charges were reduced to a lesser charge when it is determined alcohol was a contributing factor.

(3) Block 35 - commanding officer's signature.

7. Review. Carefully review all DAARs prior to mailing to avoid amendments, cancellations and resubmissions.

8. General Instructions For Completing DAAR Form:

a. Use only a #2 or softer black lead pencil to fill in blocks 1 through 28.

b. Erase errors completely and cleanly on all copies.

c. Do not make any stray marks on the form.

d. Fill appropriate circles with heavy black marks. Mark should fill circle completely.

Acceptable Marks



Unacceptable Marks



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e. The DAAR is a machine readable form. Do not fold, crease, staple or otherwise mutilate.

f. Do not submit additional pages.

g. Fill in all 28 blocks on the front of the form with only one (1) item per block, except:

(1) Block 7, "For Computer Use Only," leave blank.

(2) Block 9, "Nature of Incident," may have one to four items marked.

h. After completing items 1 through 28 on the front of the form with #2 pencil:

(1) Remove the original (first copy) and lay aside.

(2) Carefully remove carbon paper for reuse;

(3) Turn forms over;

(4) Reverse the first, second, and third carbon copies to ensure that the first carbon copy is now on top;

(5) Reinsert carbon paper;

(6) Type items 29 through 35;

(7) Remove carbon paper and discard.

(8) The commanding officer will sign the DAAR.

9. Distribution And Mailing Instructions. Separate and mail the DAAR as follows:

a. Mail the original (scannable) and first (most legible) carbon copy together in a large, flat envelope, with cardboard stiffener, to:

ADMITS Processing Office
Bldg. 160, Room 129
Washington Navy Yard
2nd & M. St., S.E.
Washington, DC 20374-0001

(1) Several DAAR forms may be mailed in the same envelope.

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(2) Do not use letters of transmittal when submitting DAARs.

(3) Do not mail other correspondence destined for ADMITS or COMNAVMILPERSCOM in the same envelope with DAAR forms.

b. The command DAPA shall retain the second carbon copy.

c. Forward the third carbon copy to the second echelon commander as required.

d. Since only three carbon copies are provided in the form set, commands are required to provide photocopies for the Level III treatment facility and others within their chain of command as required.

10. Forms

a. Obtain DAAR Forms from the Navy Supply System per NAVSUP P2002. See basic instruction for additional information.

b. Order quantities of forms to meet local needs. Do not overstock.

11. BLOCK BY BLOCK INSTRUCTIONS

MEMBER'S LAST NAME, FIRST NAME, MI, RATE/RANK

Print member's last name, first name, middle initial and rate/rank (at time of incident) legibly in the space provided.

NAME OF COMMAND

Print name of command submitting report legibly in the space provided. Authorized message address abbreviations may be used as listed in United States Navy Plain Language Address Directory. (Ships include hull number.)

BLOCK NUMBER

1. Social Security Number Of Member

Enter the member's nine-digit Social Security Number in the blocks provided. Darken in the corresponding numbers.

2. Permanent Duty Station (UIC/RUIC/RUC)

Enter the five-digit USN Unit Identification Code (UIC) or Reserve Unit Identification Code (RUIC) or USMC Reporting Unit

Code (RUC) of the member's permanent duty station in the blocks provided. Darken in the corresponding numbers.

3. Branch Of Service

Indicate the member's branch of service.

- USN/USNR (Active Duty)
- USNR-R (Inactive Duty/Drilling Reservist)
- USMC/USMCR (Active Duty)
- USMCR (Inactive Duty/Drilling Reservist)

4. Officer/Enlisted

Identify the member as officer or enlisted.

- Officer
- Enlisted

5. DUI/DWI Arrest (ALCOHOL ONLY!)

Is this DAAR a result of a DUI/DWI Arrest?

- Yes
- No

6. Type Of Report (Mark only one)

- Initial Report:

First DAAR submitted to report an incident.

- Amendment:

Submitted to update an initial DAAR. (See paragraph 4 above)

- Cancellation:

Submitted to cancel a previously submitted DAAR and ensure that all files in ADMITS and COMNAVMILPERSCOM are purged. (See paragraph 6 above for instructions)

- Error Correction:

The ADMITS Processing Office will return the original DAAR and copy with block 6 marked Error Correction and incorrect block(s) indicated. The command will resubmit the DAAR exactly as the original, with the required action taken. Mark block 6 as the same type report as the original DAAR.

7. For Computer Use Only (Leave Blank)

8. Date Of Report (Month/Day/Year)

- Enter month/day/year when DAAR is submitted in the appropriate blocks. Darken in the corresponding numbers.

INCIDENT INFORMATION

9. Nature Of Incident (Mark all that apply)

Indicate nature of incident as defined in enclosure (1).

- Abuse
- Possession
- Trafficking
- Manufacturing

10. Date of Incident (Month/Day/Year)

Indicate the date of the incident (e.g., date of arrest for DUI/DWI arrest, drinking on duty, date urinalysis sample taken, etc.) in the appropriate blocks. Darken in the corresponding numbers.

11. Primary Substance of Abuse Involved In This Incident
(Mark only one)

Primary substance of abuse, possession, trafficking or manufacturing involved in this incident. If more than one drug was abused, as noted on the Laboratory Confirmation Report, mark "polydrugs" and list all drugs in the comments section. If during a self-referral interview, member admits to polydrug abuse, indicate only the primary substance of abuse and indicate additional abuse in the comments section.

- Alcohol (ethyl alcohol, ethanol, beer, wine, whiskey, etc.)
- Marijuana (include all cannabis/hashish)
- Cocaine
- Amphetamines (includes methamphetamine)
- Other Stimulants (Bacarat, Didrex, Pre-Sate, Sanorex, Voranil)
- Barbiturates
- Heroin
- Other Opiates (Dilaudid, Morphine, Codeine, Demerol, Methadone and other opiate-like drugs - Designer Drugs)
- Other Depressants (Clonopin, Dalmane, Nolundar, Valmid, etc.)
- LSD (Lysergic acid diethylamide)
- PCP (Phencyclidine, Other Hallucinogens)

- Methaqualone (Quaaludes)
- Tranquilizers/Benzodiazepine (Librium, Valium)
- Inhalants (gasoline, glue, etc.)
- Drug Paraphernalia
- Polydrugs - none primary

12. Current Frequency Of ABUSE (Mark only one)

- Less than monthly
- 1-3 times per month
- 1-3 times per week
- 4-7 times per week
- Frequency not disclosed
- Abuse denied

13. Drugs/Alcohol Were Primarily Used (Mark only one)

Where were the drugs or alcohol primarily used?

- Ashore - On duty
- Ashore - Off duty
- Shipboard - Assigned to ship
- Unknown/other

14. Method Of Identification (Mark only one)

Method of identification for this incident.

- Self-referral/disclosure.

Urinalysis (See enclosure (4) for definitions of types of tests. If initial urinalysis is via PORTAKIT, do not submit DAAR until results from laboratory confirmation received. If member transferred, new command submit DAAR).

- Random
- Unit sweep
- Consensual
- Probable cause (search and seizure)
- Service directed (accession, "A" school, etc.)
- Aftercare
- Surveillance.
- Rehabilitation facility staff and rehabilitation testing
- Fitness for duty
- Medical examination

Law Enforcement

- Military police (includes Shore Patrol, Base MAA, NIS, drug detector dog sweeps, health and welfare inspections, gate/vehicle inspections, etc.)
- Civilian authorities

Command

- Command/supervisor (identification was made by an individual within the unit command structure.)
- Medical

RESULTS OF INITIAL SCREENING

15. Evaluation Made By (Mark only one)

- Independent Duty Corpsman
- Physician's Assistant
- DAPA
- CAAC
- NADSAP
- Other (including physician or clinical psychologist)
- Not determined

16. Evaluation Of Dependency

- Dependent
- Not dependent
- Unknown/not determined

17. Amenability To Counseling/Education/Rehabilitation
(Mark only one)

- Amenable and eligible
- Not amenable
- Not eligible
- Not determined

18. Recommended Disposition (Mark only one)

- Level I treatment
- Level II treatment
- Level III treatment
- Separate from service via VA Hospital
- Separate from service not via VA Hospital
- Not determined

MEDICAL OFFICER'S EVALUATION

19. Determination Made By (Mark only one)
- Physician (M.D.)
 - Clinical Psychologist
 - Not available
20. Confirmation Of Dependency (Mark only one)
- Dependent
 - Not dependent
 - Unknown/not determined
21. Amenability To Counseling/Education/Rehabilitation
(Mark only one)
- Amenable and eligible
 - Not amenable
 - Not eligible
 - Not determined
22. Recommended Disposition (Mark only one)
- Level I treatment
 - Level II treatment
 - Level III treatment
 - Separate from service via VA Hospital
 - Separate from service not via VA Hospital
 - Not determined

COMMANDING OFFICER'S ACTION

23. Retention (Mark only one)
- Process for separation
 - Retain until EAOS (Not recommended for reenlistment)
 - Retain
24. Rehabilitation Recommendation (Mark only one)
- Level I treatment not including NADSAP
 - Level I treatment including NADSAP
 - Level II treatment
 - Level III treatment
 - Separate from service via VA Hospital
 - Separate from service not via VA Hospital

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25. Disciplinary Action (Mark only the most severe disciplinary action taken)

- Verbal warning
- Written warning
- NJP (Non-judicial punishment)
- SCM (Summary court-martial)
- SPCM (Special court-martial)
- GCM (General court-martial)
- No action taken

26. PRP Assignment (List only one)

- Remove from PRP assignment
- Retain in PRP assignment
- Not applicable

27. Clearance Eligibility (List only one)

- Security clearance revoked or downgraded
- Security clearance not changed

28. Program Statement Issued

Was a "Program Statement" letter issued?

- Yes
- No

If "Yes", enter the month/day/year in the appropriate blocks. Darken in the corresponding numbers. A copy of the letter is not required by COMNAVMILPERSCOM or ADMITS.

REVERSE SIDE (NON-SCANNABLE)

29. Complete Mailing Address and Telephone Number of Command Submitting this Report (include DAPA's name)

List the complete mailing address, autovon or commercial telephone number (including area code) as appropriate and point of contact for the command submitting this report.

30. Present Location Of Member

List present location of member, i.e., onboard, hospital, brig, home of record, etc.

31. Previous Disciplinary History

List member's previous disciplinary history, if any, including military and civilian.

32. Comments

General comments on member's past and present work record, potential for future naval service and any other comments the command feels essential.

33. Comments As Required By Second/Third Echelon Commanders

Insert comments, demographics, etc., as required by second or third echelon commanders.

34. Distribution

ADMITS (Original and first carbon copy)
Command Files (Second carbon copy)
Chain of Command (Third carbon copy and photocopies)


See paragraph 9 above for additional guidance.

35. Signature Of Commanding Officer

The commanding officer will sign the DAAR.

NAME OF COMMAND/INTB-3 SECRET TIT E**RATE/RANK**

The ONLY correct mark

Incorrect marks 

DAAR
DRUG AND ALCOHOL
ABUSE REPORT

RCS OPNAV 5350-2

DIRECTIONS

OPNAV 5350/7 (1-B6)
S/N 0107-LF-053-5565

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29. COMPLETE MAILING ADDRESS AND TELEPHONE NUMBER OF COMMAND SUBMITTING THIS REPORT (INCLUDE DAPA'S NAME):

30. PRESENT LOCATION OF MEMBER (LE., ONBOARD, HOSPITAL, BRIG, HOME OF RECORD, ETC.):

31. MEMBER'S PREVIOUS DISCIPLINARY HISTORY (CIVILIAN/MILITARY):

32. COMMENTS (E.G., PAST/PRESENT MILITARY WORK RECORD, POTENTIAL FOR FUTURE NAVAL SERVICE, ETC.):

33. COMMENTS AS REQUIRED BY SECOND/THIRD ECHELON COMMANDERS:

34. DISTRIBUTION:

ORIGINAL & 1st carbon copy
ADMITS Processing Office
Bldg. 180, Room 129
Washington Navy Yard
2nd & M. St., S.E.
Washington, DC 20374-0001
2nd carbon copy
COMMAND FILE
3rd carbon copy & photocopies
For field service record
and as required by the
chain of command

35. SIGNATURE OF COMMANDING OFFICER

DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT (DAASAR)
DD-HA(SA)1094(5350)

NOTE:

Paragraph numbers in this section are keyed to the blocks appearing on the form.

PART A. Urinalysis Testing By Portable Urinalysis Kits

1. Report Prepared By: Identify by Plain Language Address the command preparing the report.
2. Report Period. Reports cover fiscal year semi-annual periods ending 31 March and 30 September and are due 45 days after the end of the reporting period.
3. Area. A separate form must be prepared for each of the following geographic areas under the claimancy of the second echelon commander:

CONUS (Includes the contiguous United States).
PACIFIC (Includes Hawaii, Guam, Japan, Korea, Philippines, other Pacific).
EUROPE (Includes Italy, Spain, United Kingdom, other Europe).
OTHER (Includes Alaska, Antarctica, Atlantic islands, Canada, Iceland and South America).

4. Occasion For Test. See enclosure (4) for the definitions for each type of testing.
 - a. Inspection.
 - b. Probable Cause/Search or Seizure.
 - c. Command Directed.
 - d. Physician/Medical Directed.
 - e. Accessions.
 - f. Other Service Directed.
 - g. Rehabilitation Facility Staff Testing.
 - h. Drug/Alcohol Abuse Rehabilitation Testing.
 - i. Aftercare.

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5. Number Of Samples/Individuals Tested And Drugs Identified

a. Total Samples Tested. For each category listed under Occasion for Test, identify the number of samples tested. Those samples submitted in one period and processed in another shall be reported in the later period. Note that samples, not individuals, are counted.

b. Total Individuals Tested. For each category listed under Occasion for Test, identify the number of Navy individuals who submitted samples for urine testing. Members of other services are to be reported by their respective service.

c. Total Portable Kit Positives. For each category of Occasion for Test and Drug of Abuse, identify the number of samples in which the portable kit tested positive. The separate drugs are subcategories within the "No. of Portable Kit Positives." In the subcategory marked "Other" indicate the drug identified if available.

d. Total Laboratory Positives. For each category of Occasion for Test and Drug of Abuse, identify the number of samples in which the testing laboratory has found and substantiated the presence of a possible drug of abuse which was originally screened by a portable kit.

e. Total Number Of Positives From Prescribed Medication, Administrative Error Or Undetermined. This includes members on prescribed medication whose samples are tested positive by the laboratory, whose samples were reported positive due to an administrative error or whose use is not determined to be drug abuse at that time.

f. Number Of Confirmed Drug Abusers. For each category of Occasion for Test and Drug of Abuse, identify the number of service members who were determined to be confirmed or admitted drug abusers. Indicate the number of confirmed drug abusers in parentheses () for those members admitting to drug use and the portable kit samples were not sent to the lab. Polydrug abuse is defined as the abuse of two or more drugs described above during the same relative time period; the simultaneous abuse of the drug is not implied. A key determination here is that no drug is singled out as a primary drug of abuse.

PART B. Urinalysis Testing Sent Directly To Labs (Portable Kit Tests Are Not Included)

All instructions for Part A apply except for paragraph 5C (number of portable kit positives). Do not include any samples first tested by a portable urinalysis kit in Part B.

PART C. Education/Training

1. Instructions for Part A1 apply.
2. Instructions for Part A2 apply.
3. Instructions for Part A3 apply.
4. Total number of command personnel trained on Returnable quotas during reporting period. Refers to individuals who receive training to enhance their ability to fill a Drug and Alcohol Abuse Program staff position, e.g. DAPA, NAC.
5. Total number of individuals not serving in a program staff capacity receiving motivational awareness or prevention education during the reporting period:

Received NADSAP:

- A - For motivational/awareness purposes.
- B - After a drug/alcohol incident.

Received other education; e.g. ADAMS

- C - For awareness purposes
- D - Number of personnel on board

For each category above (NADSAP/other Education)
Identify;

- (a) Officers and supervisory petty officers (E-5 and above)
- (b) Enlisted (non-supervisory, E-4 and below)
- (c) Family members of military personnel
- (d) Retired personnel
- (e) Family members of retired military
- (f) Civilian employees (Supervisors)

- (g) Civilian employees (Non-supervisory)
- (h) Family members of civilian employees, both supervisors and non-supervisory

PART D. Drug And Alcohol Abuse Disposition And Law Enforcement

1. Instructions for Part A1 apply.
2. Instructions for Part A2 apply.
3. Instructions for Part A3 apply.
4. Disposition of Navy drug and alcohol abuse offenders. Indicate the disposition by either a drug or alcohol related offense. The type of drug offense should be broken down further by the categories: use or possession, distribution, and manufacture. If both drugs and alcohol were involved, report the offense as drug related.
 - a. Non-judicial punishment. Give the number of instances when non-judicial punishment was awarded for drug or alcohol abuse.
 - b. General Courts-Martial. Give the number of General Courts Martial involving drugs or alcohol. Report when court is approved by the convening authority. Indicate the total number of Courts-Martial that approved an enlisted discharge or an officer dismissal before the automatic review process.
 - c. Special Courts-Martial (BCD). Give the number of Special Courts-Martial involving drugs or alcohol where a Bad Conduct Discharge was awarded. Report when court is approved by the convening authority.
 - d. Special Courts-Martial (non-BCD). Give the number of Special Courts-Martial involving drugs or alcohol where other than a Bad Conduct Discharge was awarded. Report when court is approved by the convening authority.
 - e. Summary Courts-Martial. Give the number of Summary Courts-Martial involving drugs or alcohol.
 - f. Administrative separations in lieu of Courts-Martial. Give the number of administrative separations in lieu of Courts-Martial involving drugs or alcohol.
 - g. Administrative separations for abuse. Indicate the number of misconduct separations involving drugs or alcohol.

h. Separations for rehabilitation failure. The total number of separations resulting from a drug or alcohol rehabilitation program, failure.

i. Civil convictions. The number of civil convictions involving drugs or alcohol.

j. No action taken. The number of incidents involving drugs or alcohol where no administrative or disciplinary action was taken.

5. Drug and alcohol related military law enforcement activity.

a. Type of drug offense. Indicate the number of identified offenders by category of involvement:

(1) Use or possession

(2) Distribution

(3) Manufacture

b. Drug seizures. Indicate the number of offenses by type and quantity. A separate page may be used if needed.

c. Military working dog visits. Indicate the number of times drug detection dog teams were used.

d. Driving while intoxicated (DWI). The term DWI is defined as operating a motor vehicle with a blood alcohol content of .10 or higher, or as defined by local state law. Alcohol related offense figures are counted after the investigation and/or judicial action is complete. Regardless of the outcome, the individual is listed for the most serious offense cited.

e. Driving under the influence (DUI). Operating a motor vehicle with a blood alcohol content of .05 To .09, or as defined by state local law.

f. Other alcohol related incidents. All other traffic offenses that involve misuse of alcohol.

g. Suspension or revocation of driving privileges. Give the number of driving privilege suspensions or revocations on military installations as a result of alcohol or drug related offenses. In the category "civilian arrest of active duty military" record the number of driving privilege suspensions or revocations outside military installations by civilian authorities.

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6. Authentication Of Report. Include the name, rate/rank and telephone number of individual preparing report and responsible for its accuracy. Also include the date it is forwarded.

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DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT
PART A URINALYSIS TESTING BY PORTABLE URINALYSIS KITS

1. REPORT PREPARED BY (SHORT TITLE)		2. REPORT PERIOD: FISCAL YEAR 31 MARCH 30 SEPTEMBER								
3. AREA (X ONE) PREPARE A SEPARATE PAGE FOR EACH GEOGRAPHIC AREA REPORTED CONUS EUROPE PACIFIC OTHER										
TEST RESULTS		4. OCCASION FOR TEST								
5. NUMBER OF SAMPLES/INDIVIDUALS TESTED AND DRUG IDENTIFIED		A INSPEC- TION	B PROBABLE CAUSE/ SEARCH OR SEIZURE	C COM- MANDER DIRECTED	D PHYSI- CIAN/ MEDICAL DIRECTED	E ACCE- SIONS	F OTHER SERVICE DIRECTED	G REHAB FACILITY STAFF TESTING	H DRUG/ ALCOHOL REHAB TESTING	I AFTER CARE TESTING
a. TOTAL SAMPLES TESTED										
b. TOTAL INDIVIDUALS TESTED										
c. TOTAL PORTABLE KIT POSITIVES										
1. AMPHETAMINES										
2. BARBITURATES										
3. COCAINE										
4. HEROIN/OPIATES										
5. MARIJUANA (THC)										
6. PHENCYCLIDINE (PCP)										
7. METHAQUALONE										
8. BENZODIAZAPINES										
9. OTHER										
d. TOTAL LAB POSITIVES										
1. AMPHETAMINES										
2. BARBITURATES										
3. COCAINE										
4. HEROIN/OPIATES										
5. MARIJUANA (THC)										
6. PHENCYCLIDINE (PCP)										
7. BENZODIAZAPINES										
8. OTHER										
e. TOTAL POSITIVES FROM PRESCRIBED MEDICATION, ADMIN ERROR OR UNDETERMINED										
f. TOTAL CONFIRMED DRUG ABUSERS										
1. AMPHETAMINES										
2. BARBITURATES										
3. COCAINE										
4. HEROIN/OPIATES										
5. MARIJUANA (THC)										
6. PHENCYCLIDINE (PCP)										
7. BENZODIAZAPINES										
8. POLYDRUG										
9. OTHER										
g. NAME, RATE/RANK OF INDIVIDUAL REPORTING										

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DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT
PART B URINALYSIS TESTING SENT DIRECTLY TO LABS

1. REPORT PREPARED BY (SHORT TITLE)		2. REPORT PERIOD: FISCAL YEAR 31 MARCH 30 SEPTEMBER								
3. AREA (X ONE) PREPARE A SEPARATE PAGE FOR EACH GEOGRAPHIC AREA REPORTED CONUS EUROPE PACIFIC OTHER										
TEST RESULTS		4. OCCASION FOR TEST								
5. NUMBER OF SAMPLES/INDIVIDUALS TESTED AND DRUG IDENTIFIED		A INSPEC- TION	B PROBABLE CAUSE/ SEARCH OR SEIZURE	C COM- MANDER DIRECTED	D PHYSI- CIAN/ MEDICAL DIRECTED	E ACCE- SIONS	F OTHER DIRECTED	G REHAB FACILITY STAFF TESTING	H DRUG/ ALCOHOL REHAB TESTING	I AFTER CARE TESTING
a. TOTAL SAMPLES TESTED										
b. TOTAL INDIVIDUALS TESTED										
c. TOTAL LAB POSITIVES										
1. AMPHETAMINES										
2. BARBITURATES										
3. COCAINE										
4. HEROIN/OPIATES										
5. MARIJUANA (THC)										
6. PHENCYCLIDINE (PCP)										
7. BENZODIAZAPINES										
8. OTHER										
d. TOTAL NO. POSITIVES FROM PRESCRIBED MEDICATION, ADMINISTRATIVE ERROR OR UNDETERMINED										
e. TOTAL CONFIRMED DRUG ABUSERS										
1. AMPHETAMINES										
2. BARBITURATES										
3. COCAINE										
4. HEROIN/OPIATES										
5. MARIJUANA (THC)										
6. PHENCYCLIDINE (PCP)										
7. BENZODIAZAPINES										
8. POLYDRUG										
9. OTHER										
f. NAME, RATE/RANK OF INDIVIDUAL REPORTING										

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DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT
PART C EDUCATION/TRAINING

1. REPORT PREPARED BY (SHORT TITLE)		2. REPORT PERIOD: FISCAL YEAR ____ 31 MARCH ____ 30 SEPTEMBER	
3. AREA (1 ONE) PREPARE A SEPARATE PAGE FOR EACH GEOGRAPHIC AREA REPORTED CONUS ____ EUROPE ____ PACIFIC ____ OTHER ____			
4. TOTAL NUMBER OF COMMAND PERSONNEL, TRAINED ON RETURNABLE QUOTAS DURING THE REPORTING PERIOD: ____			
5. TOTAL NUMBER OF INDIVIDUALS NOT SERVING IN A PROGRAM STAFF CAPACITY WHO RECEIVED MOTIVATIONAL AWARENESS OR PREVENTION EDUCATION DURING THE REPORTING PERIOD	NADSAP		OTHER EDUCATION
	A BEFORE A DRUG/ ALCOHOL INCIDENT	B AFTER A DRUG/ ALCOHOL INCIDENT	C BEFORE A DRUG/ ALCOHOL INCIDENT
	D NO. OF PERSONNEL ON BOARD BY CATEGORY		
(A) OFFICERS AND SUPERVISORY PETTY OFFICERS (E-5 AND ABOVE)			
(B) ENLISTED (NON-SUPERVISORY) (E-4 AND BELOW)			
(C) FAMILY MEMBERS OF MILITARY PERSONNEL			XXXXXXXXXX XXXXXXXXXX
(D) RETIRED MILITARY			XXXXXXXXXX
(E) FAMILY MEMBERS OF RETIRED MILITARY			XXXXXXXXXX XXXXXXXXXX
(F) CIVILIAN EMPLOYEES (SUPERVISORS)			
(G) CIVILIAN EMPLOYEES (NON-SUPERVISORY)			
(H) FAMILY MEMBERS OF CIVILIAN EMPLOYEES, BOTH SUPERVISORS AND NON-SUPERVISORY PERSONNEL			XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX

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DRUG AND ALCOHOL ABUSE SEMI-ANNUAL REPORT
PART D - DRUG AND ALCOHOL ABUSE DISPOSITION AND LAW ENFORCEMENT

1. REPORT PREPARED BY (SHORT TITLE)		2. REPORT PERIOD: FISCAL YEAR			
		31 MARCH 30 SEPTEMBER			
3. AREA (CHECK ONE) (PREPARE A SEPARATE PAGE FOR EACH GEOGRAPHIC AREA REPORTED)					
CONUS EUROPE PACIFIC OTHER					
4. DISPOSITION OF NAVY DRUG/ ALCOHOL ABUSE OFFENDERS		TYPE OF OFFENSE			
		USE OR POSSESSION	DISTRIBUTION	MANUFACTURE	ALCOHOL OFFENSE
a. NONJUDICIAL PUNISHMENT					
b. GENERAL COURTS-MARTIAL DISCHARGES/DISMISSALS					
c. SPECIAL COURTS-MARTIAL (BCD)					
d. SPECIAL COURTS-MARTIAL (NOM-BCD)					
e. SUMMARY COURTS-MARTIAL					
f. ADMINISTRATIVE SEPARATIONS IN LIEU OF COURTS-MARTIAL					
g. ADMINISTRATIVE SEPARATIONS FOR ABUSE					
h. SEPARATIONS FOR REHABILITATION FAILURE					
i. CIVIL CONVICTIONS					
j. NO ADMINISTRATIVE ACTION TAKEN					
5. DRUG AND ALCOHOL RELATED LAW ENFORCEMENT ACTIVITY					
		NUMBER OF IDENTIFIED OFFENDERS			
a. TYPE OF DRUG OFFENSE		ACTIVE DUTY MILPERS	FEDERAL CIVILIAN	DEPENDENT	OTHER
1. USE/POSSESSION					
2. DISTRIBUTION					
3. MANUFACTURE					
b. DRUG SEIZURES					
1. TYPE OF DRUG SEIZED					
2. QUANTITY SEIZED					
c. MILITARY WORKING DOG VISITS					
d. DRIVING WHILE INTOXICATED (DWI)					
e. DRIVING UNDER THE INFLUENCE (DUI)					
f. OTHER ALCOHOL RELATED TRAFFIC OFFENSES					
g. SUSPENSION OR REVOCATION OF DRIVING PRIVILEGES					
6. NAME, RATE/RANK OF INDIVIDUAL REPORTING		TELEPHONE: AUTOMOM COMMERCIAL ()			DATE SUBMITTED

ALCOHOL AND DRUG MANAGEMENT INFORMATION TRACKING SYSTEM (ADMITS)
PROGRAM INFORMATION FORM OPNAV 5350/8

1. General Requirements and Information. The Program Information Form provides information to ADMITS using optically scanned forms. To establish an accurate data base, it is essential that commands prepare and submit these forms exactly as instructed. Deviation from prescribed procedures will adversely affect data base accuracy. Follow the general requirements stated below to ensure that completed forms are accurately scanned:

- a. Use a number two lead pencil.
- b. Use boxes at the top of the columns (where provided) to write in the required information.
- c. Completely fill in the circle that indicates the correct information.
- d. Do not make any stray marks on the form.
- e. Do not fold, crease, staple, or mutilate.
- f. Erase mistakes cleanly and completely.

2. The Program Information Form is a dual purpose form used by both commands and treatment facilities. Commands submit this form to ADMITS to report completion of Level I intervention only. When used by commands, only the top half is filled out. Do not mark in blocks 11-14. The instructions below are for command use only. Instructions for treatment facilities to complete the form are in the "Field Users Manual."

Note:

Paragraph numbers in this section are keyed to the blocks appearing on the form.

1. Client Number: (Leave Blank)
2. Correction: Indicate by marking "Yes" or "No" whether the information submitted on this form is a correction to a previously submitted form.
3. Treatment Level: Mark Level I. Level I is that program assigned and monitored by commands.
4. Facility Information: Do not mark in this block.

5. Unit Identification Code (UIC) Non-Treatment Duty Station: Enter the five-digit USN Unit Identification Code (UIC) or Reserve Unit Identification Code (RUIC) or USMC Reporting Unit Code (RUC) of the member's permanent duty station in the blocks provided. Darken in the corresponding numbers.

6. Rank: Indicate the member's paygrade by marking the appropriate circle under column "E" for enlisted, "W" for warrant officer, or "O" for a commissioned officer.

7. Social Security Number: Enter the member's social security number in the spaces provided and mark the corresponding circle below each number.

8. Entry Date: Enter the date the member entered Level I by marking the appropriate circles for the month, day and year.

9. Termination Date: Enter the date the member ended Level I by marking the appropriate circles for the month day and year. The date in this block should be after the date in block 8.

10. Level I Program/Recommended Aftercare Action: Indicate all Level I program aftercare actions recommended by marking the circle(s) that apply. Examples of actions include, but are not limited to the following:

Counseling: Command Chief, Executive Officer, Leadership guidance, etc.

Education: NADSAP, civilian programs, etc.

Meetings: AA, NA, etc.

Other: Urinalysis surveillance, community service.

11. Mailing Instructions. Mail the ADMITS form to:

ADMITS Processing Office
Bldg. 160, Room 129
Washington Navy Yard
2nd & M. St., S.E.
Washington, DC 20374-0001

